



# YMCA OF SOUTHERN WEST VIRGINIA

## Application for Membership

### PRIMARY MEMBER'S INFORMATION

Please Print Clearly

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

### FAMILY MEMBERSHIP INFORMATION

Spouse's Name (Include Middle Initial): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

1st Child's Name (Include Middle Initial): \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2nd Child's Name (Include Middle Initial): \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

3rd Child's Name (Include Middle Initial): \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

4th Child's Name (Include Middle Initial): \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

5th Child's Name (Include Middle Initial): \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### WAIVER

I am an adult, over 18 years of age and wish to participate in YMCA of Southern West Virginia (the "YMCA") membership/program activities, and, if applying to include my children, wish my children to participate and give them permission to participate in YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I also give the YMCA consent to treatment for myself and my children in the event of an injury and will not hold the YMCA accountable for any charges incurred. I have read this authorization, waiver and release, understand it, and am voluntarily signing it. I understand that the YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the YMCA of Southern West Virginia to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA Programs.

Primary Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

### FOR STAFF USE ONLY

Membership Type: \_\_\_\_\_  
Membership #: \_\_\_\_\_  
Group Name: \_\_\_\_\_

Y Staff Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### DUES INFORMATION

Membership Fee : \$ \_\_\_\_\_  
CI Fee: \$ \_\_\_\_\_  
Total Amount Due: \$ \_\_\_\_\_

### PAID BY:

Cash  
Check #: \_\_\_\_\_  
Credit Card: Type: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_  
Last 4 Digits: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

### PAYMENT PLAN

Circle One  
**Annual\*** **Semi-Annual\***  
**Monthly E-Pay\***

\*See Reverse Side for Monthly E-Pay Information & additional Membership Terms & Conditions.

## MONTHLY E-PAY AUTHORIZATION AGREEMENT

I hereby authorize my financial institution to honor the preauthorized Bank Draft charges against my account for my monthly membership dues as indicated below. When the financial institution honors the Bank Draft by charging my account, such transfer will constitute notice of payment due and my receipt for the payment. Should any preauthorized transfer not be honored by my financial institution when received by them, then it is understood that the payment is to be made by me in the amount of dues owed plus a service charge of \$25. It is further understood that if such payment is not honored by the financial institution, then the YMCA will cancel my membership and deny me access to its facilities, programs and services until payment is received.

**Primary Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Yes! I choose to pay for my monthly dues by bank draft directly from my checking account.**

Attach VOIDED Check to Application.

Bank Name: \_\_\_\_\_

Account Holder: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

## MEMBERSHIP TERMS & CONDITIONS

1. I understand that membership dues are non-refundable and non-transferrable.

**Member's Initials:** \_\_\_\_\_

2. I understand that Monthly E-Pay is a continuous membership plan and that, by joining, I am authorizing an automatic payment of my membership dues by my financial institution on the day designated by the YMCA's draft schedule as outlined below:

Join Date: 27<sup>th</sup> – 15<sup>th</sup>, Draft Date: 15<sup>th</sup>

Join Date: 16<sup>th</sup> – 26<sup>th</sup>, Draft Date: 1<sup>st</sup>

**Member's Initials:** \_\_\_\_\_

3. I understand if I wish to cancel or change my membership in any way, I must visit the Welcome Center Desk in-person to provide written notice to the YMCA by completing a Change Form at least 15 business days prior to my next scheduled draft date or an additional, **non-refundable** draft may occur. Further, I understand that, after providing the written notice, I have 60 days past my last anticipated draft date to notify the Y of any discrepancy.

**Member's Initials:** \_\_\_\_\_

4. I understand that I am responsible for providing and maintaining accurate membership contact information including, but not limited to, updated address, phone number, email address and billing information. Further, I understand that I must provide all updated information at least 15 business days prior to my next scheduled draft date if I pay my dues via Monthly E-Pay, or upon renewal if I pay my dues on a Semi-Annual or Annual Basis.

**Member's Initials:** \_\_\_\_\_

5. I understand that my membership card and account photo are required along with verification of my membership in good standing to access the YMCA's facility.

**Member's Initials:** \_\_\_\_\_

6. The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my membership category at any time. I understand I will receive at least a 30 day notice prior to any such change in my membership fees.

**Member's Initials:** \_\_\_\_\_

## CODE OF CONDUCT

I understand that YMCA staff are trained to enforce basic rules of conduct. I also understand that children and adults are expected to act in a respectful manner while visiting the YMCA facility or participating in any programs. I understand the YMCA's Code of Conduct does not permit any language or action that may threaten or injure another person, or that falls below a generally accepted standard of conduct. Specifically, this includes, but is not limited to, Destruction of YMCA Property, Improper Attire, Angry or Vulgar Language, Arguing & Fighting, Harassment or Intimidation, Sexual Activity or Contact. I understand that it is the YMCA's expectation that all members, participants, and guests follow basic rules of conduct or they will be asked to leave the facility or grounds and may be in jeopardy of losing their YMCA membership. By joining, I understand that I am holding myself to this standard and that my family members and guests will do the same.

**Primary Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_