



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF CENTRAL STARK COUNTY

## Membership Application

# MEMBERSHIP FOR ALL

DATE: \_\_\_\_\_

<b>BASIC INFO</b>	LEGAL FIRST NAME	M.I.	LAST
MAILING ADDRESS			
CITY		STATE	ZIP CODE
BIRTHDAY	GENDER	EMAIL	
PREFERRED PHONE #	<input type="checkbox"/> Mobile <input type="checkbox"/> Landline	EMERGENCY CONTACT (NAME & RELATIONSHIP)	
SECONDARY PHONE #	<input type="checkbox"/> Mobile <input type="checkbox"/> Landline	EMERGENCY CONTACT #	

<b>MEMBERSHIP TYPE</b>	<input type="checkbox"/> YOUTH (ages 6-12)	<input type="checkbox"/> TEEN/YOUNG ADULT (Thru age 23)	<input type="checkbox"/> SENIOR ADULT (age 65 & up)
	<input type="checkbox"/> FAMILY	<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR COUPLE

### FAMILY MEMBERS

LEGAL FIRST NAME	M.I.	LAST NAME	BIRTHDATE	GENDER	CELL PHONE	RELATIONSHIP
SPOUSE /SECOND ADULT 1			/ /			
CHILDREN / DEPENDENTS 2			/ /			
3			/ /			
4			/ /			
5			/ /			
6			/ /			
7			/ /			
8			/ /			
9			/ /			

### PLEASE ADVISE HOW YOU HEARD ABOUT THE YMCA

<input type="checkbox"/> Walk-In	<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> Previous Member
<input type="checkbox"/> Website	<input type="checkbox"/> Mailer: Promotion	<input type="checkbox"/> Current Member
<input type="checkbox"/> Local Radio	<input type="checkbox"/> Local Television	<input type="checkbox"/> Through Employer
<input type="checkbox"/> Insurance	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Other:

FILE NAME

LAST:

FIRST:

MEMBER ID:

# YMCA OF CENTRAL STARK COUNTY PARTICIPATION AGREEMENT

## LIABILITY

I hereby accept all responsibility for and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result of participation in a YMCA of Central Stark County program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. I understand that the YMCA of Central Stark County is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. Furthermore, by participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Primary Adult Signature \_\_\_\_\_ Second Adult Signature \_\_\_\_\_

## PAYMENT OPTIONS AND TERMS

### Annual Membership

### Monthly Auto-Pay (Bank changes may take up to 14 days)

- My YMCA membership will be regarded as continuous until the time that I decide to terminate.
- I understand the debit will be initiated on the 15<sup>th</sup> of the month.
- I agree that if for any reason I wish to change the status of my membership, I must give the YMCA written notice 2 weeks in advance of my EFT (Electronic Funds Transfer) date, and understand that I am responsible for payment of draft if notice is not received.
- I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon advance written notice.
- I hereby authorize the YMCA of Central Stark County to debit my account indicated below.
- This authority shall remain in effect until the YMCA of Central Stark County has received written notification. Cancellation requests must be received by the 1<sup>st</sup> of the month.
- Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of no more than \$30 applied by the YMCA. This may be done electronically by a third party and is in addition to any service fee my bank may make.
- I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.
- I understand that the YMCA membership is non-refundable and non-transferable.

I authorize monthly payment from:

Checking  Savings  Debit/Credit Card Account ending (last 4) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ANNUAL SUPPORT CAMPAIGN

Through our Annual Support Campaign the YMCA keeps our **promise** to the community that no one is turned away from the YMCA due to an inability to pay. The campaign relies on generous donations from our members, program participants, businesses and local foundations. Please consider helping to provide YMCA memberships and programs to others in your community. Our cause builds community!

YES! I'd like to help!  \$2  \$5  \$10  \$25  \$ \_\_\_\_\_ (Other - Please specify amount) No Thanks

Pay Now \_\_\_\_\_ Bill Me (Date) \_\_\_\_\_ Pay Via Monthly Auto-Pay (\$/month) \_\_\_\_\_

### PHOTO/TALENT RELEASE

I give permission to the YMCA of Central Stark County & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include any of my family member's or my image or voice for purposes of promoting or interpreting YMCA programs.

Initials: \_\_\_\_\_

### MEMBER CODE OF CONDUCT

I hereby acknowledge that I have received a copy of the YMCA Member Code of Conduct and will abide by its provisions. I take responsibility to share the code of conduct with all members listed on this application.

Initials: \_\_\_\_\_

### For Office Use Only:

Was Jump Start scheduled?

YES  NO

If no, explain: \_\_\_\_\_

Staff Initials \_\_\_\_\_



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## YMCA OF CENTRAL STARK COUNTY Auto-Pay Authorization

FILE NAME LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

**Monthly Auto-Pay** (Bank changes may take up to 14 days) BIRTHDATE \_\_\_\_\_

- My YMCA membership will be regarded as continuous until the time that I decide to terminate.
- I understand the debit will be initiated on the 15<sup>th</sup> of the month.
- **I agree that if for any reason I wish to change the status of my membership, I must give the YMCA written notice 2 weeks in advance of my EFT (Electronic Funds Transfer) date, and understand that I am responsible for payment of draft if notice is not received.**
- I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon advance written notice.
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- I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.
- **I understand that the YMCA membership is non-refundable and non-transferable.**

**I authorize monthly payment from:**

Checking     Savings     Voided Check attached

Bank \_\_\_\_\_

Routing/Transit # \_\_\_\_\_

Account # \_\_\_\_\_

Credit Card

Debit Card

**For Office Use Only:**

Staff Initials: \_\_\_\_\_

First Draft Date: \_\_\_\_\_

Shred After: \_\_\_\_\_

Draft \$ Amt: \_\_\_\_\_

Credit Card Type:  MasterCard     Visa     Discover     American Express

Name on Card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_