



# WABASH COUNTY YMCA APPLICATION FOR MEMBERSHIP

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Join Date: \_\_\_\_\_

Type of Membership:  Corporate  Family  Adult  Youth  Senior Individual  Senior Couple

Staff Initial

50 ✓ \*Adult First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Your Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Identification #: \_\_\_\_\_

Drivers License Number

\*Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Staff Initial

50 ✓ Spouse First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Identification #: \_\_\_\_\_

**Family Membership Information (List Last Name if Different)**

#	Children's Names	M/F	Birth Date	Relationship	School	Grade	Allergies
03							
04							
05							
06							
07							
08							

In order to assist those who cannot afford a YMCA membership or program opportunity, we conduct an Annual Campaign to support this work. Your voluntary tax-deductible contribution, in ANY AMOUNT means a great deal as we fulfill our mission in the community.

I would like to add  \$5.00  \$10.00  \$25.00  \$\_\_\_\_\_ per month for 12 months to my automatic monthly membership withdrawal for the Community Support Campaign. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The YMCA is a volunteer-driven organization and we rely on members like you! Are you interested in being part of our team of volunteers?  Yes  No

**IMPORTANT INFORMATION:**

\_\_\_\_\_ I (we) give authority to Wabash County YMCA to draw on the account listed below for my (our) membership payments. The payment will be drawn on the **1st of the month AND WILL CONTINUE FOR ONE YEAR.** THE MEMBER MUST COMPLETE A TERMINATION FORM to cancel their membership.

A **30 day written notice is required to terminate membership.** STAFF \_\_\_\_\_

\_\_\_\_\_ If membership lapses for more than 60 days it will be considered a new membership and will be subject to the payment of the joiner fee.

\_\_\_\_\_ Membership and Joiner fees are non-refundable and non-transferable. Unused credits on accounts will become void after one year.

\_\_\_\_\_ The YMCA has no liability or responsibility for any personal injury or loss or damage to personal property sustained while members are using the YMCA facilities.

\_\_\_\_\_ Membership cards must be presented to enter the facility and additional locations – for ALL family members.

\_\_\_\_\_ Members and/or guests must adhere to the YMCA code of conduct and any behavior contrary to its Mission and Core Values may result in loss of YMCA membership

\_\_\_\_\_ No one included on this application is a registered sex offender or violent crime offender and I am obligated to notify the YMCA immediately if one of the applicants becomes a registered sex offender, which will result in termination of membership. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

\_\_\_\_\_ I will inform the Wabash County YMCA of any changes to my address or other contact information, or any changes to account information, **including credit card expiration date,** for the monthly draft program.

\_\_\_\_\_ All of the information given on this application is correct to the best of my knowledge. The YMCA has the right to verify information on the application.

\_\_\_\_\_ I hereby grant the Wabash County YMCA permission to use my likeness in a photograph, video, or other digital media ("photo") in any publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become property of the Wabash County YMCA and will not be returned. I hereby irrevocably authorize the Wabash County YMCA to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the Wabash County YMCA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

\_\_\_\_\_ I have read and understand the above. I affirm that I am at least 18 years of age, or if I am under 18 years of age, I have obtained the required consent of my parents/guardians as evidenced by their signature(s) below.

\_\_\_\_\_ Member's Signature or Parent/Guardian

\_\_\_\_\_ Date

\_\_\_\_\_ YMCA Staff Signature

\_\_\_\_\_ The monthly draft or corporate payroll deduction program commits participants to a membership of twelve (12) months which will continue until a Termination Form is completed 30 days prior to termination date.

STAFF \_\_\_\_\_

**DRAFT AGREEMENT:**

**ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION**

\_\_\_\_\_ I (we) understand that any draft or credit card returned **for any reason** (including an expired expiration date, lost or stolen card) must be paid in full along with the appropriate processing fee. After the automatic payment has been declined twice and returned to the YMCA – a \$20.00 fee will be deducted from the account. The YMCA reserves the right to cancel my (our) membership due to unpaid returned drafts or unpaid membership fees. STAFF \_\_\_\_\_

\_\_\_\_\_ I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account; such transfer shall continue until a Termination Form is completed.

\_\_\_\_\_ Member fees subject to annual increase with a 30 day notice.

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**(Direct debit from my  Checking  Savings)**

All payments will be drawn on the **1st of the month**

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Transit/Routing Number \_\_\_\_\_ Account # \_\_\_\_\_

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

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I choose to utilize the Credit Card Payment option for monthly payment:

Credit Card Type  Visa  MasterCard  Discover Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

All payments will be drawn on the **1st of the month** CVV \_\_\_\_\_

Card Number \_\_\_\_\_

Card Holder Name \_\_\_\_\_

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