



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO THE FAMILY!

## CHRISTIAN COUNTY YMCA Membership Application

**Joining Date:** \_\_\_\_\_

Primary Member (must be age 19 or older): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<u>Place of Employment</u>
Primary: _____
Work Phone: _____
Secondary: _____
Work Phone: _____

### Emergency Contact (someone other than yourself):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### List everyone included on this membership:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current age: \_\_\_\_\_

### Types of Membership:

- |  |   |
|--|---|
| <input type="checkbox"/> Youth (Infant to 18 yrs. of age/still in High School) | <input type="checkbox"/> Senior (65+ yrs. of age)                 |
| <input type="checkbox"/> Young Adult (19-24 yrs. of age)                       | <input type="checkbox"/> Senior Couple (1 person 65+ yrs. of age) |
| <input type="checkbox"/> Adult (25-64 yrs. of age)                             | <input type="checkbox"/> AARP Renew Active                        |
| <input type="checkbox"/> Family (Adults & dependents claimed on income tax)    | (check with front desk for eligibility)                           |
| <input type="checkbox"/> Walking Program                                       |   |
| (Non-members using the facility ONLY to walk laps)                             |   |

The YMCA routinely monitors the updated sex offender list and cross references to 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.

Is any individual on this membership required to register as a sex offender?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Name: \_\_\_\_\_

**How did you hear about the YMCA:**

Social Media: \_\_\_ Radio: \_\_\_ YMCA Members: \_\_\_ Newspaper: \_\_\_ Other: \_\_\_\_\_

**Areas of Interest:**

Aquatics: \_\_\_ Wellness/Fitness: \_\_\_ Childcare: \_\_\_ Family Events: \_\_\_ Youth Programs: \_\_\_ Other: \_\_\_\_\_

Schedule Wellness Center Orientation: Yes \_\_\_ No \_\_\_

**Please Read and Initial:**

- \_\_\_ I agree to support the mission, purpose and goals of the YMCA and accept and understand all rules and policies of the YMCA.
- \_\_\_ New membership is a 1 year minimum commitment. Membership automatically renews after 12 months
- \_\_\_ Cancellations will not be processed over the phone. Cancellation forms must be submitted to the front desk.
- \_\_\_ Cancellation within the first 12 months will result in a 90 day penalty equal to 3 months dues.
- \_\_\_ A \$25.00 service charge will be assessed in the event of a returned check, credit card or bank draft.
- \_\_\_ A 3% processing fee will be charged to credit card to debit card payments.
- \_\_\_ The YMCA reserves the right to make membership or program rate adjustments at any time.
- \_\_\_ Any member over 30 days delinquent in payment will be terminated and must pay a 90 day balance in addition to the joining fee to re-establish membership benefits.

**Payment Options:**

If monthly payment is elected, it must be automatically drafted from a checking account, savings account, credit card (American Express, Discover, Master Card, Visa), or debit card of your choice on the 15<sup>th</sup> or 28<sup>th</sup> of the month. A 5% discount is applied if paid (in full) annually, A payment must be received at the time of registration to begin using the YMCA.

Payment: \_\_\_\_\_ Yearly, in full (5% discount)      \_\_\_\_\_ Monthly Draft



**Bank draft**

- 15<sup>th</sup>                      or                       28th
- Checking            or                       Savings

Financial Institution: \_\_\_\_\_

Name on account: \_\_\_\_\_

**ATTACH VOIDED CHECK**



**Credit/Debit Card**

- 15<sup>th</sup>                      or                       28th

Card #: \_\_\_\_\_

Card Type: \_\_\_\_\_ Exp.: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(zip) \_\_\_\_\_ CVV \_\_\_\_\_

**3% SURCHARGE ADDED**

Draft Options:

I hereby authorize the Christian County YMCA to initiate electronic fund entries to the above account for membership fees. I understand that this is a continuous membership plan; minimum of 12 months, and will remain in effect for as long as I retain a CCYMCA's Membership.

**Failure to honor the 12 month commitment will result in a 90 Day penalty.** I understand that if I wish to terminate after the minimum of 12 months or change my membership in any way, I must give the YMCA a **30 day written notice**. I understand that I must turn in all of my membership cards upon termination.

Signature: \_\_\_\_\_

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

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