



Membership Application

YMCA mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

<input type="checkbox"/> Adult <input type="checkbox"/> Community Wide Adult <input type="checkbox"/> Community Wide Family	<input type="checkbox"/> Community Wide Senior <input type="checkbox"/> Community Wide Youth <input type="checkbox"/> Family	<input type="checkbox"/> Senior <input type="checkbox"/> Two Person <input type="checkbox"/> Youth
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Today's Date: _____

Which Branch will you use primarily?
<input type="checkbox"/> Clark County <input type="checkbox"/> Floyd County

PRIMARY MEMBER (PLEASE PRINT)

Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	First Name	Middle Name	Last Name	Suffix	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	Marital Status:	Race: (For Metro Untied Way Reporting)			
			<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other	
Mailing Address							
City		State	Zip	Home Phone		Cell Phone	
Email Address			Employer	Employer Matches Gifts?	Employer Phone		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Emergency Contact			Emergency Contact Home Phone	Emergency Contact Cell Phone		Relationship to primary	
How did you hear about the YMCA?			Household Income: (For Metro United Way Reporting)	What is your current activity level?		Why are you (and your family) joining the YMCA?	
<input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Magazine <input type="checkbox"/> Drive by/Live in Area <input type="checkbox"/> Place of Employment <input type="checkbox"/> Direct Mail <input type="checkbox"/> Other Member <input type="checkbox"/> Email <input type="checkbox"/> I am a former member <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Friend/Family <input type="checkbox"/> Medical Referral <input type="checkbox"/> Other:			<input type="checkbox"/> \$0 - \$13,999 <input type="checkbox"/> \$14,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$54,999 <input type="checkbox"/> \$55,000 - \$74,999 <input type="checkbox"/> \$75,000 and over		<input type="checkbox"/> Active exerciser <input type="checkbox"/> Start/Stop exerciser <input type="checkbox"/> New exerciser		
					Would you like to schedule an appointment with a wellness coach?		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL ADULT

Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	First Name	Middle Name	Last Name	Suffix	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	Marital Status:	Race: (For Metro Untied Way Reporting)		
			<input type="checkbox"/> Married <input type="checkbox"/> Single			<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other
Mailing Address						
City		State	Zip	Home Phone		Cell Phone
Email Address			Employer	Employer Matches Gifts?	Employer Phone	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

DEPENDENTS AND ADDITIONAL ADULTS (ANYONE OVER 18 MUST PROVIDE PROOF OF ADDRESS)

<input type="checkbox"/> Dependent	First Name	Middle Name	Last Name	Birthdate	Ethnic Origin	Relationship to Primary
<input type="checkbox"/> Address Provided						
<input type="checkbox"/> Dependent	First Name	Middle Name	Last Name	Birthdate	Ethnic Origin	Relationship to Primary
<input type="checkbox"/> Address Provided						
<input type="checkbox"/> Dependent	First Name	Middle Name	Last Name	Birthdate	Ethnic Origin	Relationship to Primary
<input type="checkbox"/> Address Provided						
<input type="checkbox"/> Dependent	First Name	Middle Name	Last Name	Birthdate	Ethnic Origin	Relationship to Primary
<input type="checkbox"/> Address Provided						

WAIVER:

I am an adult over 18 years of age and wish to participate in YMCA of Southern Indiana (the "YMCA") membership/program activities (including Rock Wall), and wish my children or legal wards to participate and give them permission to participate in the YMCA activities (including Rock Wall). 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 it 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 my consent to treatment for myself and my legal wards 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 of Southern Indiana is not responsible for personal property lost, damaged, or stolen while members and /or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the YMCA of Southern Indiana 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 promoting or interpreting YMCA programs.

Signature: _____ Date: _____ Signature: _____ Date: _____

Electronic Funds (EFT) or Credit Card Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers or Credit or Debit charges against my account for (membership/ program/ contribution) payments as indicated below. When the Bank honors the EFT or Credit or Debit Card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized transfer not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for my monthly payment directly from my _____ Checking Savings account.
 I would like to draft on the 1st 15th of the month.
 Bank Name _____ Name(s) on account _____
 Routing/Transit Number _____ Account Number _____
 Authorized Signature _____ Today's Date _____

I choose to utilize the Credit Card or Debit Card option for my monthly payment.
 I would like to draft on the 1st 15th of the month. Cardholder Name _____
 Credit Card Type: Visa Master Card Discover American Express
 Card Number _____ Expiration Date _____
 Authorized Signature _____ Today's Date _____

I would like to make a monthly donation to the YMCA of Southern Indiana Strong Kids Campaign to help the YMCA build healthy spirit, mind and body for all. Please add \$1.00 \$2.00 \$3.00 \$4.00 \$5.00 Other _____ to my monthly membership fees.
 Authorized Signature _____ Today's Date _____

Membership Agreement

If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA written notice at least 72 hours prior to my draft date.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee as long as you remain an active member of the YMCA of Southern Indiana. If you choose to cancel or discontinue your membership for more than 30 days, A Joiner Fee will be charged when you reapply for membership.

Signature: _____ Date: _____ Signature: _____ Date: _____

Please check areas of interest.

	Self	Spouse	Children	Volunteer		Self	Spouse	Children	Volunteer
Aerobics (Group Ex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teen Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinning (Cycling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use Only	Payment Method	Initial Payment	Monthly Dues
Membership Number	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Bank Draft	Date of Draft <input type="checkbox"/> 1st <input type="checkbox"/> 15th
Membership Type	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Credit Card	Draft Amount _____
Home Branch	<input type="checkbox"/> Annual	<input type="checkbox"/> Check	Discount Group?
Employee Initials	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appointment Scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial Payment Amount		If yes, which? _____