



Membership Application Part I

ymcaonline.org

BRANCH	TYPE OF MEMBERSHIP <input type="radio"/> SINGLE <input type="radio"/> YOUTH <input type="radio"/> FAMILY <input type="radio"/> CORPORATE	MEMBERSHIP NUMBER
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PRIMARY MEMBER NAME	TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
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PERSONAL INFORMATION	GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	BIRTHDATE / /	RACE <input type="radio"/> NATIVE AMERICAN <input type="radio"/> AFRICAN AMERICAN/BLACK <input type="radio"/> CAUCASIAN/WHITE <input type="radio"/> UNSPECIFIED <input type="radio"/> ALASKAN NATIVE <input type="radio"/> ASIAN/PACIFIC ISLANDER <input type="radio"/> HISPANIC <input type="radio"/> OTHER
	HOUSEHOLD INCOME <input type="radio"/> \$0—\$34,999 <input type="radio"/> \$35,000—\$49,999 <input type="radio"/> \$50,000—\$64,999 <input type="radio"/> \$65,000 & UP		

PRIMARY MEMBER CONTACT	HOME ADDRESS LINE 1				
HOME ADDRESS LINE 2					
CITY			STATE	ZIP CODE	
HOME PHONE		CELL/OTHER PHONE		EMAIL ADDRESS	
EMPLOYER				EMPLOYER MATCHES GIFTS <input type="radio"/> YES <input type="radio"/> NO	
EMERGENCY CONTACT (FIRST & LAST NAME)				EMERGENCY PHONE	
RELATION TO PRIMARY MEMBER <input type="radio"/> SELF <input type="radio"/> SON <input type="radio"/> PARENT <input type="radio"/> FRIEND <input type="radio"/> SPOUSE <input type="radio"/> DAUGHTER <input type="radio"/> DEPENDENT <input type="radio"/> OTHER					

HOW DID YOU HEAR ABOUT THE YMCA?	<input type="radio"/> RADIO	<input type="radio"/> TELEVISION	<input type="radio"/> BILLBOARD	<input type="radio"/> DRIVE BY-LIVE IN AREA	<input type="radio"/> YMCA	<input type="radio"/> DIRECT MAIL	<input type="radio"/> E-MAIL	<input type="radio"/> YELLOW PAGES	<input type="radio"/> NEWSPAPER
	<input type="radio"/> MAGAZINE	<input type="radio"/> PLACE OF EMPLOYMENT	<input type="radio"/> MEMBER	<input type="radio"/> FORMER MEMBER	<input type="radio"/> FRIEND/FAMILY	<input type="radio"/> MEDICAL REFERRAL	<input type="radio"/> BROCHURE	<input type="radio"/> OTHER	

SECOND ADULT	TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
GENDER	BIRTHDATE / /	EMPLOYER			HOUSEHOLD INCOME
RACE: <input type="radio"/> NATIVE AMERICAN <input type="radio"/> AFRICAN AMERICAN/BLACK <input type="radio"/> CAUCASIAN/WHITE <input type="radio"/> UNSPECIFIED <input type="radio"/> ALASKAN NATIVE <input type="radio"/> ASIAN/PACIFIC ISLANDER <input type="radio"/> HISPANIC <input type="radio"/> OTHER					

CHILDREN	FIRST	MI	LAST	GENDER	BIRTHDATE / /

I'D LIKE MORE INFORMATION ABOUT:	<input type="radio"/> AEROBICS-GROUP EXERCISE	<input type="radio"/> SUMMER CAMP	<input type="radio"/> CYCLING	<input type="radio"/> VOLUNTEERISM	<input type="radio"/> COACHING
	<input type="radio"/> PARENT-CHILD PROGRAMS	<input type="radio"/> RESIDENT CAMP	<input type="radio"/> CHILD CARE	<input type="radio"/> TEEN ACTIVITIES	<input type="radio"/> OTHER
	<input type="radio"/> FAMILY RECREATION	<input type="radio"/> SENIOR PROGRAMS	<input type="radio"/> AQUATICS	<input type="radio"/> SOCIAL ACTIVITIES	
	<input type="radio"/> STRENGTH TRAINING	<input type="radio"/> FUNDRAISING	<input type="radio"/> SPORTS	<input type="radio"/> BOARD MEMBERS	

OFFICE USE ONLY

NEW MEMBER CHECKLIST	<input type="radio"/> TOUR OFFERED	<input type="radio"/> MEMBER GIVEN RECEIPT (Receipt # _____)	<input type="radio"/> MEMBER PACKET EXPLAINED	<input type="radio"/> POSTCARD SENT
	<input type="radio"/> PART II MEMBERSHIP APPLICATION <input type="radio"/> APPOINTMENT MADE FOR ORIENTATION/EVALUATION <input type="radio"/> MEMBERSHIP CARD: DATE ____/____/____ STAFF _____			

PAYMENT INFORMATION	METHOD OF PAYMENT	INITIAL PAYMENT	AMOUNT PAID W/APPLICATION	CASHIER
	EFT \$ _____	<input type="radio"/> DISCOVER <input type="radio"/> MASTERCARD	\$ [] [] [] [] [] [] [] []	PROOF OF INCOME
	MONTHLY AMT \$ _____	<input type="radio"/> VISA <input type="radio"/> CASH	DATE ____/____/____	
	ANNUAL AMT \$ _____	<input type="radio"/> CHECK		DATE ____/____/____
	<input type="radio"/> 1ST <input type="radio"/> 15TH			

YMCA Membership Application **Part II**

MISSION

The mission of the YMCA of Greater Dayton is to put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

CONDITIONS OF MEMBERSHIP

Members are provided a membership handbook and agree to abide by the policies and procedures presented in it. All members are required to present a valid membership card for identification when using YMCA or YMCA Neighborhood Development Center facilities and programs. Membership in the YMCA is a privilege, and the YMCA reserves the right to cancel anyone's membership and refund fees on a prorated basis if the YMCA deems such action to be in its best interests. Membership privileges and cards are not transferable, remain the property of the YMCA of Greater Dayton, and must be returned upon request.

Please Note:

- **MEMBERSHIP DUES ARE NON-REFUNDABLE.**
- **MEMBERSHIP DUES AND SIMILAR PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS.**
- **MEMBERSHIP RATES ARE SUBJECT TO INCREASE; NOTICE OF INCREASE IN MEMBERSHIP RATES WILL BE MAILED OUT 30 DAYS IN ADVANCE.**
- **ALL DRAFTS RETURNED "NON-SUFFICIENT FUNDS" (NSF) WILL BE DRAFTED AS SOON AS FUNDS ARE AVAILABLE. A FEE OF \$25.00 WILL BE COLLECTED BY A THIRD PARTY AGENCY FOR THE "NSF" RE-DRAFT. IF THE SECOND DRAFT ATTEMPT IS RETURNED "NSF" THE MEMBERSHIP WILL BE TERMINATED.**
- **A \$25 LATE FEE WILL BE ASSESSED TO YOUR ACCOUNT IF RETURNED PAYMENTS ARE NOT RESOLVED WITHIN THE TIME PERIOD STATED ON YOUR INVOICE.**
- **FOR EACH RETURN, THE YMCA OF GREATER DAYTON WILL COLLECT A SEPARATE \$10 FEE TO COVER BANK AND ADMINISTRATIVE COSTS.**
- **MONTHLY MEMBERSHIP DUES AND OTHER FEES (JOINER'S FEES, PROGRAM COSTS, ETC.) ARE EACH SEPARATE TRANSACTIONS AND THEREFORE DRAFTED SEPARATELY.**
- **ALL MEMBERSHIP AND/OR PROGRAM BALANCES MUST BE PAID PRIOR TO MEMBERSHIP TERMINATION BEING ACCEPTED.**

WAIVER

I understand that the YMCA of Greater Dayton assumes no responsibility for injuries or illnesses which I or my family members sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Dayton, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

I understand that the YMCA of Greater Dayton is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Greater Dayton to use, without limitation or obligation, photographs, film footage, or tape recordings which may use image or voice for purposes of promoting or interpreting YMCA programs.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for membership payments and/or contributions. When the bank or credit card carrier honors the draft by charging my account, such drafts constitute my receipt for the payment. If at any time there is to be a change, deletion or cancellation of my membership, **it is to be submitted in writing to the branch YMCA where membership was purchased, along with membership card(s) at least 10 days prior to bank draft date (using approved forms.)**

A voided check is required with all bank draft applications or a copy of a credit card if drafting by credit card.

If the member cancels the membership prior to the joiner's fee being paid in full, the funds will continue to be drafted until joiner's fee is paid in full. All balances must be paid prior to termination.

YMCA MEMBERSHIP RATE SCALE

The YMCA of Greater Dayton is a not-for-profit, health and human services organization committed to helping ALL people grow in spirit, mind and body. To insure that our programs and services are available for ALL, we provide membership rates based on the gross annual household income of each adult or family that joins our YMCA.

Please check the box that represents your total household income:

- \$0-\$34,999
- \$35,000-\$49,999
- \$50,000-\$64,999
- \$65,000 & up
- Corporate Membership

Your monthly membership rate will be: _____ (+ sales tax)
+ your remaining joiner's fee will be added to your monthly membership rate in \$25 increments.

Your renewal date is: _____. Ten days prior to this date, member must provide proof of income to the YMCA for the member to continue on the Income Based Membership Rate.

I understand fully that it is my responsibility to provide the required proof of income documentation within 10 days of enrollment and at least 10 days prior to renewal. **I also understand that failure to comply will result in my account being charged the highest rate for my membership category.**

NOTE: GROSS ANNUAL INCOME MUST BE VERIFIED EVERY TWO YEARS.

ACCEPTANCE

I accept all provisions of membership set forth above and, understanding the Mission of the YMCA, hereby apply for membership. I understand that information given for my YMCA membership is the property of the YMCA and is kept as confidential information by the YMCA and its representatives.

SIGNATURE OF PARTICIPANT/MEMBER/or LEGAL GUARDIAN

DATE

New Member Packet Received