



YMCA OF SALEM COUNTY MEMBERSHIP APPLICATION

Join Date: _____ Full Pay Bank Draft Credit Card Draft Other _____

Type of Membership: Family Single Parent Family Adult Senior Citizen High School Youth Basic

(01) Member First Name _____ **MI.** _____ **Last** _____ M F **D.O.B.** ____/____/____

Ethnicity: African-American Asian Caribbean Caucasian Hispanic Latino Native America Other: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

(01) Member Employer _____ (01) Member Work Phone # _____

Emergency Contact _____ Phone _____ Relationship _____

How did you hear about the Y? Drive By-Live in Area Newspaper YMCA Brochure Website/Internet Member Former Member
 Radio Friend/Family Member Work Place Billboard E-Mail Billboard Magazine Television

Household Income: 0 to \$13,000 \$14,000 to \$24,999 \$25,000 to \$39,000 \$40,000 to \$54,999 \$55,000 to \$74,999 \$75,000 and over

(01) MEMBER: Active Older Adults Aquatics Aerobics/Group Exercise Family Activities Fundraising Parent/Child Programs
Social Activities Strength Training Sports Teen Activities Volunteerism Youth Sports

(02) MEMBER: Active Older Adults Aquatics Aerobics/Group Exercise Family Activities Fundraising Parent/Child Programs
Social Activities Strength Training Sports Teen Activities Volunteerism Youth Sports

DEPENDENT/CHILDREN: Active Older Adults Aquatics Aerobics/Group Exercise Family Activities Fundraising Parent/Child Programs
Social Activities Strength Training Sports Teen Activities Volunteerism Youth Sports

VOLUNTEER INTERESTS: Active Older Adults Aquatics Aerobics/Group Exercise Family Activities Fundraising Parent/Child Programs
Social Activities Strength Training Sports Teen Activities Volunteerism Youth Sports

(02) Member First Name _____ **MI.** _____ **Last** _____ M F **D.O.B.** ____/____/____

Ethnicity: African-American Asian Caribbean Caucasian Hispanic Latino Native America Other: _____

(02) Member Employer _____ (02) Member Work Phone # _____

⇩ Family Membership Information ⇩

	Dependent/Children First & Last Name	M / F	Race	Birth Date	Relation to Primary	School	Grade
03							
04							
05							
06							
07							
08							
09							
10							

WAIVER

I am an adult over 18 years of age and wish to participate in the YMCA of Salem County membership/program activities, and wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to 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 to 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 have read this authorization, waiver, and release, understand it, and am voluntarily signing it. _____ **Initial**

I understand that the YMCA of Salem County 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. _____ **Initial**

I give my permission to the YMCA of Salem County 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 promotion or interpreting YMCA programs. _____ **Initial**

MEMBERSHIP AGREEMENT

All membership rates are subject to change with 30 days written notice. _____ **Initial**

If my membership dues are paid through Credit Card Draft or Electronic Funds Transfer, I understand this is a continuous membership plan. All status changes, change of address, bank account information, billing or credit card information/expiration date changes must be updated at the Member Service desk. Changes or cancellations cannot be made by telephone or online. If you wish to terminate your membership, a written request must be received 30 days prior to the next month's draft. Please note that all membership and joiner fees are non-transferable and non-refundable. _____ **Initial**

The joiner's fee is a one-time fee as long as you remain an active member of the YMCA of Salem County. If you choose to cancel or discontinue your membership for more than 30 days, a joiner's fee will be charged when you reapply for membership. _____ **Initial**

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the YMCA of Salem County, "To put Christian principles into practice through programs that build healthy spirit, mind and body for all", I hereby apply for membership. _____ **Initial**

Signature of Applicant

Date

Signature of Parent/Guardian if applicant is under 18 years of age

Date

ATTACH VOIDED CHECK HERE

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT not be honored by said bank for Non-Sufficient Funds, then it is understood that e-Cashflow Systems, Inc. will collect the YMCA payment electronically. Additionally, I will be assessed a \$30.00 collection fee by e-Cashflow Systems, Inc. for its services. 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. The YMCA will assess a \$20.00 return fee for each occurrence. _____ **Initial**

I choose to utilize the EFT option for monthly payment directly debiting from my: **Checking account** **Savings account**

Bank Name _____

Name on Account _____

Routing/Transit Number _____

Last 4 Digits of Account Number _____

Authorized Signature _____

Date _____

I choose to utilize the Credit Card Payment option for monthly payment automatic direct charge to credit card: **MasterCard** **Visa**

Card Holder Name _____

Last 4 Digits of Account Number _____

Expiration Date _____

Authorized Signature _____

Date _____