

# 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  Program  Non-Member

(01) Adult First Name \_\_\_\_\_ MI. \_\_\_\_ Last \_\_\_\_\_  M  F D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity:  African American/Black  Alaskan Native  Asian/Pacific Islander  Caucasian/White  Hispanic  Native American  
 Unspecified  Other \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

(01) Member Employer \_\_\_\_\_ (01) Member Work Phone # \_\_\_\_\_

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

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+

What brought you here?:  Drive By-Live in Area  Newspaper  YMCA Brochure  Internet/Website  Member  Former Member  
 Radio  Friend/Family Member  Work Place  Billboard  E-Mail  Medical Referral  Special Event  Walk-In  Yellow Pages  
 Other \_\_\_\_\_

(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) Adult First Name \_\_\_\_\_ MI. \_\_\_\_ Last \_\_\_\_\_  M  F D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity:  African American/Black  Alaskan Native  Asian/Pacific Islander  Caucasian/White  Hispanic  Native American  
 Unspecified  Other \_\_\_\_\_

(02) Cell Phone \_\_\_\_\_ Member Work Phone # \_\_\_\_\_

↓ Dependent/Children Information ↓ **Please Print Clearly**

	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.

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.

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.

**MEMBERSHIP AGREEMENT**

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

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.

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.

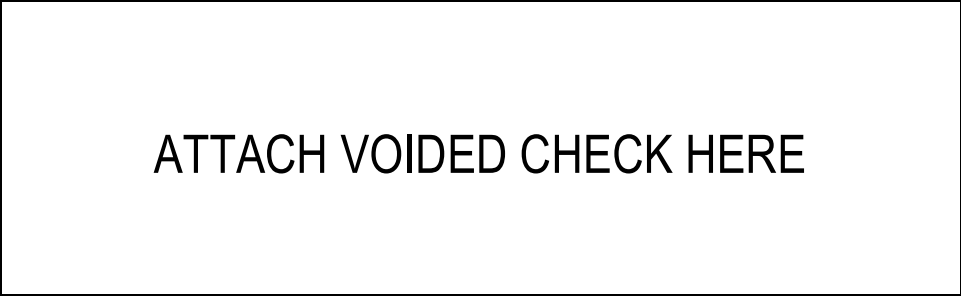
**My signature below acknowledges that I have read and understand the waiver and membership agreement, electronic funds and credit card authorization, and return fee policy. Being in sympathy with the Mission Statement of the YMCA of Salem County, "To put Christian principles into practice through programs that build healthy spirit, mind and body for all", I hereby apply for membership.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**



**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.

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 \_\_\_\_\_