





Teen Youth Student Military PH
 Household – Reg State Senior
 Adult – Reg State Senior
 Begin Draft _____ 1st 15th
 Receipt Date _____ Sch _____% off
 Member # _____
 Branch _____ Staff Initials _____

Have you previously been a YMCA member? Yes No

First:	Last:	Middle Initial:
DOB:	Gender:	E-mail: (for newsletter/updates)
		Address:
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
Emergency Contact:	Emergency Phone:	Preferred Method of Contact:

Employer: _____ Were you referred by a current member? Yes No
 If yes, by whom? _____

FAMILY MEMBERSHIP: List all family members that qualify

Name (Last if different)	Date of Birth	Gender	Employer OR School	Work or Cell phone
SPOUSE/SECOND ADULT 1.	/ /			
CHILDREN/DEPENDENTS under 18 2.	/ /			
3.	/ /			
4.	/ /			
5.	/ /			

Additional Children- Under 18: \$5 extra per month

1.	/ /			
2.	/ /			

Annual Community Support Campaign



The Y offers scholarships for all programs based on financial need and availability of funds. We are a non-profit, charitable organization; therefore your contribution is fully tax-deductible as prescribed by law.

I would like to sponsor a child through the "Annual Community Support" scholarship program by donating:

___ I would like to contribute a one-time gift of \$ _____

___ I would like to contribute monthly, by having my account drafted an additional

\$1 each month \$5 each month \$10 each month \$___ each month

___ I do not wish to contribute at this time, but please mail me additional information.

Volunteering



Would you like a staff member to contact you regarding volunteer opportunities at this time?

Yes No If Yes, what are your interests?

Responsibilities and Releases: (Please read responsibilities and releases and sign below.)

Membership Card – I understand that all persons on my membership are required to have a photo on file and I must present my membership card for admission and cards are nontransferable. Abuse of any membership card may result in termination or suspension of the membership. Replacement cards can be purchased for \$5 in the case they are lost or stolen. **Liability** – I recognize that participation in the Y's activities or programs may expose me to some risk of injury, illness or death. I assume all liability for myself and everyone on my membership and agree to hold the Y harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity or program at the Y.

Photo/Talent Release – I hereby irrevocably release, consent and allow the YMCA of the Capital Area and its agent to use my photograph/likeness/voice as it pertains to my participation with the Y, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Cancellation – It is my understanding that this is a continuous membership until I submit to the Membership Director, a **30-day written notice to cancel**. Any monies deducted within this 30-day period will not be refunded. A 30-day written notice will also be required for any changes to bank information. **A \$10.00 service charge will be assessed on any returned draft and a \$25.00 service charge on any returned check.**

Sexual Harassment/Sexual Offender – To keep our members and guests safe, it is against the Y policy to allow any sexual harassment behavior in the Y. If a member is found guilty of sexual harassment their membership will be terminated immediately. If at any time a member is found to be a sexual offender, their membership will be terminated immediately.

Code of Conduct – The YMCA of the Capital Area is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conducts is unacceptable and the Y consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participant at its sole discretion.

20% off Referral Program– To qualify, new and referring members must have an active membership in good standing from of any of these membership categories: Youth, Teen, Adult, Senior, Senior Household and Household/Family.

*Members who receive a discounted membership rate do not qualify for this program. Refer to FAQ sheet for additional information and restrictions.

PLEASE SIGN

By signing below I verify that all of the information I have provided is accurate and that I have been informed of all of the above responsibilities & releases of the YMCA of the Capital Area.

Signature: _____ Date: _____

PAYMENT INFORMATION

Monthly Draft Information

Draft Date: (choose one) **1st** **15th**

I give authorization to the YMCA of the Capital Area to draft my bank account or charge my credit card account on a monthly basis as payment for my membership dues. By giving this authorization, I understand the following.

1. Paying on the bank draft/credit card membership plan is buying a membership on a monthly basis and is continuous until I notify the Y of cancellation.
2. It is to my complete understanding that I may cancel my memberships at any time by providing the Y with a 30-day written notification.
3. It is my responsibility to provide the Y with any changes to my bank account/credit card account, address, telephone numbers, or membership type, by providing a 30-day written notification.
4. At the discretion of the YMCA Board of Directors, the Y may increase my draft/charge fee upon a 30-day notice.
5. If your bank or credit card draft is returned for any reason we will attempt to re-draft the account within 7 business days of the original draft, along with a \$10 service charge. I realize that my membership will be canceled and I am still responsible for this payment to the Y. If draft/charge is denied 3 times within one year, the draft/charge option will be revoked and member will be required to pay in full.

BANK ACCOUNT: Please include voided check

CREDIT CARD: Type: (circle one) Master Card | Visa | American Express | Discover

Last four digits of Credit Card# _____ Expiration: _____ Zip: _____

Signature: _____ **Date:** _____