

YM MEMBERSHIP TM

We build strong kids, strong families, strong communities.

OFFICIAL USE ONLY:

Member #:
Membership Type:
Payment Method:
Staff Initial:

First:	Middle:	Last:
Address:	City/State:	Zip:
Home phone:	Emergency phone:	Contact name:
Work phone:	Cell phone:	Date of Birth:
Employer/School:		Email:

FAMILY MEMBERSHIP: List all family members that qualify
(Additional Adults Living in the Household Must Provide Proof of Residency)

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

Additional Family Members: Adults \$10 extra per month Children \$5 extra per month

1.	/ /			
2.	/ /			
3.	/ /			

Why did you join the YMCA? (Check all that apply)		How did you hear about the YMCA? (please check all that apply)	
<input type="checkbox"/> Camp <input type="checkbox"/> Swimming <input type="checkbox"/> Childcare <input type="checkbox"/> Family Fun <input type="checkbox"/> Medical Reasons	<input type="checkbox"/> Physical Conditioning <input type="checkbox"/> Social <input type="checkbox"/> Weight Training <input type="checkbox"/> Weight Loss <input type="checkbox"/> Sport Program	<input type="checkbox"/> Billboard <input type="checkbox"/> Radio <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Employer <input type="checkbox"/> Physician <input type="checkbox"/> Internet / Website <input type="checkbox"/> Other	Print Publication: <input type="checkbox"/> B.R. Parents <input type="checkbox"/> 225 Magazine <input type="checkbox"/> Southeast News <input type="checkbox"/> Advocate <input type="checkbox"/> Westside Journal

“Strong Kids” Annual Campaign



The YMCA 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 “Strong Kids” 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

In what areas are you interested in volunteering? (Please specify)

Were you referred by a current member? Yes No

If yes, by whom? _____

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

Membership Card – I understand that 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 YMCA activities or programs may expose me to some risk of injury, illness or death. I assume all liability and agree to hold the YMCA 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 YMCA.

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 YMCA, 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 YMCA policy to allow any sexual harassment behavior in the YMCA. 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 YMCA 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.

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:** _____