



# MEMBERSHIP APPLICATION

## Primary Applicant Information

Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M  F

Mailing Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Phone (Other): (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please provide an email address for online access and our informational newsletter.

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## I am Applying for

Check category for which you are applying

|                 |   |
|-----------------|---|
| MEMBERSHIP      | <b>YOUTH</b> (ages 12-21)                       |
|                 | <b>YOUTH ADULT</b> (ages 22-29)                 |
|                 | <b>ADULT</b> (age 30+)                          |
|                 | <b>TWO ADULTS</b> (age 21+)                     |
|                 | <b>ONE ADULT</b> (age 21-64) + <b>CHILDREN</b>  |
|                 | <b>TWO ADULTS</b> (age 21-64) + <b>CHILDREN</b> |
|                 | <b>SENIOR</b> (age 65+)                         |
|                 | <b>TWO ADULTS SENIOR</b> (primary must be 65+)  |
| PLUS MEMBERSHIP | <b>2ND ADULT</b>                                |
|                 | <b>3RD ADULT</b>                                |
|                 | <b>4TH ADULT</b>                                |
|                 | <b>GRANDKIDS</b>                                |

## Family Membership Information

| Name | Relationship | DOB | Gender M F |
|------|--------------|-----|------------|
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**Our Mission:**  
The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving all people, especially youth, through relationships and activities that promote healthy spirit, mind, and body.

## Easy Pay Payment Plan

My monthly draft will be on or near the 1st of each month from my:  
 Checking  Savings (You will receive \$10 off of your first month if you choose the bank account draft option) or  
 Credit/Debit  Visa  MC  AMEX

Annual Payment Plan  Semi Annual Payment Plan  
For consistent billing purposes my annual start date will pro rate my first month. My Renew date will be \_\_\_\_/\_\_\_\_/\_\_\_\_.  
I understand membership rates are subject to change and will be reflected on my annual renewal date.

Bank Account/Credit holder name(s) \_\_\_\_\_

Payroll Deduct \_\_\_\_\_

I understand a service fee of \$20 will be assessed if for any reason the funds are unavailable to cover the automatic payment.

Company Name \_\_\_\_\_ Effective Month \_\_\_\_\_

I must come into the Y and fill out a cancellation form. A form filled out on or after the first of the month will result in the account being drafted for the first of the month. The membership will be active until the end of that month.

Signature of authorized account holder \_\_\_\_\_ Date \_\_\_\_\_  
By signing I agree to follow the terms and conditions of the above payment plan of my choice.

By signing this member enrollment form, I agree that I and anyone listed as part of this unit will abide by the Y's Code of Conduct. I acknowledge that it's the policy of the Y deny membership to individuals convicted of a sexual offense and that the Y checks its membership records for convictions monthly.

Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE? Yes  No

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to all members on the membership participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA's program and facilities.

As members of the YMCA, you will receive a membership handbook today. The book contains YMCA policies and procedures that are important for you to be familiar with; we ask that you please review the membership handbook. By signing below, I verify that all of the information I have provided is accurate and that I have read and understand the above text. I also acknowledge I have received and understand that it is my responsibility to review the Membership Book.

The Undersigned further grants full permission to the YMCA, to take and use photographs, video, motion pictures, recordings or any other record of participation for any purpose.

Signature: \_\_\_\_\_ Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Primary Account Holder) (If youth is under 18 and is the primary account holder)

**STAPLE VOID CHECK HERE**

**FOR OFFICE USE**

Downtown  Dunigan Employer \_\_\_\_\_ Membership Type \_\_\_\_\_ Join Date \_\_\_/\_\_\_/\_\_\_  
 Photo(s) taken  Cards  Membership Book  Program Guide & Fliers  
Staff Initial \_\_\_\_\_ Membership Monthly Rate \$ \_\_\_\_\_ Membership Plus \$ \_\_\_\_\_ Members ID \_\_\_\_\_

