

**YMCA of the CAPITAL AREA  
MEMBERSHIP APPLICATION**

**Membership Type:** (circle one)    Full Facility    Community

Youth / Young Adult / Adult / Couple / Family / Single Parent / Family / Senior / Senior Couple / S&F / PH / Optum

Other \_\_\_\_\_                      Dow \_\_\_\_\_                      Tennis \_\_\_\_\_                      Exxon \_\_\_\_\_

**Primary Member**

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Mailing Address			City	State	Zip
Home Phone		Cell Phone		E-mail	
Employer		Occupation		Company Address	Income (optional)
Emergency Contact		Relationship of EC		Phone	Cell Phone

**2nd Adult (if applicable)**

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Employer		Occupation		Company Address	Income (optional)
Cell Phone					

**Additional Dependent Household Members**

First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth

How did you hear about the YMCA? (Please circle one) Present Member (Name \_\_\_\_\_)  
 Former Member    Friend                      Print Ad                      Internet                      Drive By/Live In Area                      Direct Mail

**Payment Options & Authorizations**

- I understand that I am authorizing the YMCA of the Capital Area to contact my bank or credit card company on my behalf to implement a monthly automatic debit/withdrawal (from checking or savings account) or charge (credit or debit card) for my YMCA account.
- I authorize the YMCA to debit/charge the account/card identified below. I certify that such account/card exists and I agree to maintain said account/card with sufficient funds to permit said debit/charge. I understand that this (bank/credit card company) account/card will be kept on file to use for charges to my YMCA account.
- Upon receipt of written notice of cancellation, the YMCA agrees to end any pre-authorized debit/charge from/to my account within five days.
- I have provided the YMCA with a copy of a voided check (in the event I elect to have my checking account debited for my YMCA account) for the sole purpose of verifying my account number and the financial institution's routing number.

**Payment Options & Authorizations continued**

- I agree to notify the YMCA of the Capital Area of any account changes. I understand account changes must be completed 30 days prior to my next debit/withdrawal or charge.
- I agree to notify the YMCA of the Capital Area immediately in the event my credit/debit card is lost or stolen.

Debits and charges are processed on or about the 1st or the 15th of each month.

**Please select one:**  1st  15th  
 Monthly Draft Amount: \_\_\_\_\_

**Please select one method of payment:**

Debit/Withdrawal from Checking/Savings Account

Charge to Debit or Credit Card  American Express

MasterCard  VISA

Bank Name : \_\_\_\_\_

Your credit card will be swiped at the Y Branch

Bank Address: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Account #: \_\_\_\_\_

Address of Card Holder: \_\_\_\_\_

Routing #: \_\_\_\_\_

- YMCA of the Capital Area monthly membership is a continuous plan which automatically renews monthly.
- YMCA of the Capital Area, at their discretion, may adjust the monthly rate of membership. I will receive at least 30 days' notice prior to any such change.
- Should any YMCA account debit or charge not be honored by my bank or credit card company for any reason, I am still responsible for that payment plus a \$10 service charge that will be applied to my account, in addition to any service fee my bank may charge.
- YMCA of the Capital Area reserves the right to terminate my membership for non-payment of membership charges.
- YMCA of the Capital Area reserves the right to disallow bank debits/withdrawals as an option for paying for membership.

**Signatures**

I have read and agree to the above terms and duration of this agreement:

Signature of Member or Parent/Guardian if under age 18: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Bank Depositor: \_\_\_\_\_ Date: \_\_\_\_\_

**Member 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 conduct 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.

**Liability and Photo Release**

I hereby assume full responsibility for any and all damages, injuries, or losses I or any member of my household may sustain or incur while attending or participating in any YMCA exercise and/or program. I hereby waive all claims against the YMCA of the Capital Area, its instructors or partners, individually or otherwise, for any and all claims for injuries or damages I or any member of my household might sustain. I understand that there is a risk of injury associated with participation in any YMCA program and I certify that I and the members of my household are in good physical condition and have no disabilities that might hinder my/our participation. I certify that all of the information provided in this application is accurate and complete. I hereby grant the YMCA of the Capital Area Association my consent and authorization to use images and video of me and the members of my household for the express purpose of helping the YMCA of the Capital Area to promote its scholarships, services, and programs.

**National Membership**

By participating in the YMCA Nationwide Membership Program, I agree to release the national Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of the YMCA facilities, and from Liability for other claims, including loss of property, to the fullest extent of the law.

**For Your Safety**

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

**Signatures**

I have read and agree to the Member Code of Conduct, Liability and Photo Releases above and certify that the information provided in this application is accurate and complete.

Signature of Member or Parent/Guardian if under age 18: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY STAFF:	Staff Name:	Branch:
Member ID:	FA: (Attach Form)	Receipt: (attach form)