



# MEMBERSHIP APPLICATION

YMCA OF CASS AND CLAY COUNTIES

Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
 Unit ID#: \_\_\_\_\_  
 Membership Type: \_\_\_\_\_  
 Draft Date: \_\_\_\_\_ Branch: \_\_\_\_\_

**Primary Member Information:**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F / M / U  
 Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Second Adult Information (Must live in the same household):** Permission to update membership?  Yes  No  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F / M / U  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

**Children/Dependent Information (Must live in the same household):**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F / M / U  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F / M / U  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F / M / U  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender F / M / U

Has anyone included on this membership application been on a registered sex offender list?  Yes  No

Referred By: \_\_\_\_\_ Member ID: \_\_\_\_\_

**Areas of Interest**

Aquatic Center  Fitness Center  
 Group Fitness  Summer Camp  
 Adult Programs/Challenges  Youth Program/Enrichment

**Annual Campaign Contribution**

I would like to contribute to the YMCA of Cass and Clay Counties Annual Campaign through my monthly membership draft in the amount of \$ \_\_\_\_\_ per month.

**Membership Payment Method**

**Monthly from Checking or Savings Account**

**Monthly from Credit/Debit Card\* Draft Authorization**  
 Exp Date: \_\_\_\_\_ \*3.00 monthly processing fee applies

**Annual Full Pay**  
 I understand that my annual membership is non-refundable. If I choose to drop my membership, my options are as follows:

- Transfer my membership to another YMCA (minimum of 3 months remaining on membership).
- Transfer my membership to another person.
- Consider the balance of my membership as a charitable donation.

**Read and initial the following:**

\_\_\_\_\_ **Code of Conduct:** The YMCA of Cass and Clay Counties is committed to providing a safe and welcoming environment for all members and guests. Conduct that does not support the YMCA mission or core values of caring, honesty, respect, responsibility and health is not acceptable. **Violation of these guidelines may result in suspension or revocation of membership.**

\_\_\_\_\_ **Liability Release:** In consideration of my participation in the activities of the YMCA of Cass and Clay Counties, I do, for myself, my heirs, executors and administrators, waive any and all claims for any damages or injury to myself which may have been sustained arising out of or connected to such participation. I release and discharge the YMCA of Cass and Clay Counties, its members, officers, employees, or agents from any and all liability whatsoever arising out of or connected with such participation.

\_\_\_\_\_ **Photo/Video Release:** I hereby give my permission and consent, now and for all time, to the YMCA of Cass and Clay Counties to make, reproduce, edit, or broadcast any video film, footage, sound track recordings and photo reproductions of me/members on my account of my experience at the YMCA of Cass and Clay Counties, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me.

\_\_\_\_\_ **Membership Cancellation Policy:** To cancel a membership, written notice is required via YMCA Cass and Clay Membership Cancellation Form.

**If your draft date is:**  
**1<sup>st</sup> of each month**  
**15<sup>th</sup> of each month**

**To avoid future drafts, you must cancel by:**  
**15<sup>th</sup> of the prior month**  
**Last day of prior month**

\_\_\_\_\_ **Membership Payments Policy:** I understand that the YMCA's preferred method of bank draft is through a checking account. However, if I choose to pay using a credit or debit card, I understand there will be an additional \$3.00 processing fee on my membership draft each month. If I choose to pay my membership in full for the year, I understand that my payment is not refundable.

- I understand that this agreement is continuous until I give proper notice of any changes or termination.
- It is my complete understanding that if I wish to update or change my membership in any way, I must give the YMCA written notice in advance of my next monthly draft (If my draft date is the 1<sup>st</sup> of the month, the last day to submit a cancellation, downgrade, or hold is the 15<sup>th</sup> of the month prior. If my draft date is the 15<sup>th</sup> of the month, the last day to submit a cancellation, downgrade, or hold is the last day of the month prior).
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership. I understand that I will receive notice prior to any such change.
- Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment. Additionally, I understand I am responsible for any service fees applied by my bank or the YMCA.
- I am aware it is my responsibility to check my bank statement on a regular basis to make sure the YMCA membership rate withdrawal is correct. The YMCA of Cass and Clay Counties will honor up to three months of responsibility if the YMCA is in error.
- It is my responsibility to update any changes to my credit card or checking account used for my membership.

**By signing below, I have given authority to honor pre-authorized amounts drawn by the YMCA from my checking account or credit/debit card for my membership payments.**

**Member Signature:** \_\_\_\_\_

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