



PRIMARY CONTACT INFORMATION

First Name _____ Last Name _____ Date of Birth ____ / ____ / ____ Gender F / M / U
 Address _____
 City _____ State _____ Zip _____ Phone _____
 Email _____
 Emergency Contact _____ Phone _____
 Employer _____ Email _____

SECOND ADULT INFORMATION (Must live in the same household):

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
 First Name _____ Last Name _____ Date of Birth ____ / ____ / ____ Gender F / M / U
 First Name _____ Last Name _____ Date of Birth ____ / ____ / ____ Gender F / M / U
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 First Name _____ Last Name _____ Date of Birth ____ / ____ / ____ Gender F / M / U

Referred By _____ Phone _____
 How did you hear about us? _____

AREAS OF INTEREST

- Aquatics Personal Training
- Group Fitness Summer Camp
- Adult Programs/ Challenges Youth Programs
- Other _____ NA

ANNUAL CAMPAIGN CONTRIBUTION

I would like to contribute to the YMCA of the Northern Sky Campaign through a one time donation in the amount of \$ _____ per month.

MEMBERSHIP PAYMENT METHOD

- Monthly from Checking or Saving Account
- Monthly from Credit/Debit Card* Draft Authorization
3% monthly surcharge fee
- Annual Full Pay
I understand 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 the Northern Sky 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 the Northern Sky, 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 the Northern Sky, 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 the Northern Sky 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 the Northern Sky, 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 of the Northern Sky Membership Cancellation Form. You must notify the YMCA of the Northern Sky by the 25th of the month prior. You can complete a form by visiting our member services desk, visiting our webpage or submitting an online case.

_____ **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% 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.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership. I understand that by signing I agree to that change and understand 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 the Northern Sky 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 read and agree to the statements listed above, the information provided on this report is accurate to the best of my knowledge and I have given authority to honor pre-authorized amounts drawn by the YMCA from my chosen payment method for my membership payments.

Member Signature: _____ **Date:** _____

Staff: _____	Date: _____
Branch Location: _____	
Membership Type: _____	

YMCA of the Northern Sky
 Fercho | 400 1st Ave S | Fargo ND, 58103
 Schlossman | 4243 19th Ave S | Fargo ND, 58103
 Fergus Falls | 1164 N Friberg Ave | Fergus Falls, MN 56537