# MEMBERSHIP APPLICATION

**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.

## Primary Applicant Information

Name:_____MI_____Last Name_____

Birthdate:_____/_____/_____ Gender M ◯ F ◯

Mailing Address:_____Apt#_____

City:_____ State:_____

Zip:_____

Cell: (____)_____ - _____ Home: (____)_____ - _____

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

Personal Email:_____

Employer:_____ Work Phone: (____)_____ - _____

Emergency Contact:_____ Phone: (____)_____ - _____

Church Affiliation:_____

## Family Membership Information

| Name | Relationship | DOB | Gender M F |
|---|---|---|---|
| Name | Relationship | DOB | Gender M F |
| Name | Relationship | DOB | Gender M F |
| Name | Relationship | DOB | Gender M F |
| Name | Relationship | DOB | Gender M F |
| Name | Relationship | DOB | Gender M F |
| Name | Relationship | DOB | Gender M F |
| Name | Relationship | DOB | Gender M F |

## I am Applying for

Check category for which you are applying

| | | |
|---|---|---|
| MEMBERSHIP | ◯ | **YOUTH** (ages 12-21) |
| | ◯ | **YOUNG ADULT** (ages 22-29) |
| | ◯ | **ADULT** (age 30+) |
| | ◯ | **TWO ADULTS** (ages 21+) |
| | ◯ | **ONE ADULT** (ages 12-64) + **CHILDREN** |
| | ◯ | **TWO ADULTS** (ages 21-64) + **CHILDREN** |
| | ◯ | **SENIOR** (age 65+) |
| | ◯ | **TWO ADULT SENIOR** (primary must be 65+) |
| ADD | ◯ | **ADD ADULT(S)** |
| | ◯ | **ADD GRANDKID(S)** (up to age 13) |
| SPECIALTY | ◯ | **ACTIVE DUTY MILITARY** |
| | ◯ | **VETERAN** |
| | ◯ | **PASTORAL** |
| | ◯ | **TRADE** |
| | ◯ | **TEMPORARY** **EXP:** |
| | ◯ | **CORPORATE** |
| | ◯ | **AFTER HOURS** |
| | ◯ | **FINANCIAL ASSISTANCE** |

You are enrolling in a recurring payment plan. Your payment method will be charged $____ on the 1st of every month for your selected membership.

## Easy Pay Payment Plan

My monthly draft will be on the 1st of every month from my:

◯ Checking ◯ Savings

_____
Bank Account holder name

XXXXX_____ XXXXX_____
Bank Routing number (last four) Bank Account number (last four)

## Credit/Debit

◯ Visa ◯ MasterCard ◯ AMEX ◯ Discover

_____
Name on Card

XXXX XXXX XXXX _____ _____
Card Number (last four) Expiration

◯ Annual Payment Plan ◯ Semi Annual Payment Plan

**With the approval of the YMCA Board of Directors, the YMCA may change membership rates annually. Each member will receive written notice 30 days in advance of a rate increase.**

Membership to the YMCA of Southwestern Indiana is continuous until cancelled. You can cancel your membership at any time. The cancellation process is simple and can be completed using the same method you used to enroll. No additional fees will apply to cancellations. Cancellations **received on or after the first of the month will result in the** account being drafted for that month. The Y will refund the unused portion of an annual or semi-annual membership. Joining fees are not refundable. Refunds are not based on previous usage and non-usage of the YMCA facilities.

_____ _____
Signature of authorized account holder Date

By signing I agree to follow the terms and conditions of the 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 to deny membership to individuals convicted of a sexual offense and that the Y checks its membership records for convictions monthly.

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my 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 a new member 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.

**Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE?** **YES** ◯ **NO** ◯

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

## To Qualify for Scholarship, Provide the Following Documents:

**I FILED** FEDERAL TAXES FOR LAST YEAR

◯ I am an individual filing jointly; I am providing ONE 1040 form

◯ We filed more than ONE tax for in our household; We are providing ___ 1040 forms

◯ 1040 Federal Tax Form(s) for all incomes in household

$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

or

**I DID NOT FILE** FEDERAL TAXES FOR LAST YEAR
OR
**MY HOUSEHOLD INCOME HAS CHANGED** SINCE I FILED TAXES FOR LAST YEAR

◯ Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

$ _____ x 12 =
30 DAYS INCOME MONTHS

$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

To find support documents you may need to provide, please visit our website at ymcaswin.org/membership/#financial-assistance

## FOR OFFICE USE

◯ ASV ◯ DUN ◯ TIY Membership Type_____ Join Date ___/___/___

◯ Photo(s) taken ◯ Cards ◯ Membership Book **F/A Membership** Discount _____% Exp._____ Program Discount _____%

Staff initial_____ Membership Monthly Rate $_____ Membership Plus $_____ Members ID_____

**Seasonal-Reason**_____ Date Started ___/___/___ End Date___/___/___
(Membership Director or Membership Lead Approval Required)

**Staff Membership** Director/Coordinator Name:_____ Branch:_____ Dept._____