



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

Family Membership Information

Name	Relationship	DOB	Gender M F

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 full month if you choose the bank account draft option)**

Bank Account holder name(s) _____

Credit/Debit Visa MC MEX

Credit holder name(s) _____

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

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. **X** _____ Initial

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.

Payroll Deduct

Company Name _____ Effective 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 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.

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

FOR OFFICE USE

A S V Dunigan Employer _____ Membership Type _____ Join Date ___/___/___

Photo(s) taken Cards Membership Book Program Guide & Fliers

Staff Initial _____ Membership Monthly Rate \$ _____ Membership Plus \$ _____ Members ID _____

