



Clay County YMCA Membership Application

Membership Type:

Association Membership (Clay, Vigo and RHIT Pool) OR Clay County Only
 1 Adult 2 Adult Household
 1 Adult Plus Household 2 Adult Plus Household
 1 Senior Adult 2 Senior Adults Household
 1 Senior Adult Plus Household 2 Senior Adult Plus Household
 1 Youth

Payment Option:

Annual Payment Monthly Bank Draft Quarterly payment

Billing Information:

First Adult

Name: _____

First

Middle Initial

Last

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Date of Birth: _____ Sex: M F

Email Address: _____

Second Adult

Name: _____

First

Middle Initial

Last

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Date of Birth: _____ Sex: M F

Email Address: _____

Youth:

Name: _____

First

Middle Initial

Last

Birth date

Sex

Name: _____

First

Middle Initial

Last

Birth date

Sex

Name: _____

First

Middle Initial

Last

Birth date

Sex

Name: _____

First

Middle Initial

Last

Birth date

Sex

Emergency Contact – Other Than Information Above

Name: _____

First

Last

Phone #

Relationship to you

Other:

Allergies/Medical Conditions (Indicate Who): _____

Are you interested in a free orientation to the fitness equipment? Yes No

For Office Use only: Initial Join Date: _____ Expiration Date: _____

Discount Group? _____ Staff Initials: _____ Quality Control Initials: _____

ANY BEHAVIOR INCONSISTENT WITH THE PURPOSE AND CONSTITUTION OF THE YMCA MAY RESULT IN A LOSS OF YOUR YMCA MEMBERSHIP

1. Even though membership rules and policies have been explained to me by the staff and are provided in writing, I am ultimately responsible for familiarizing myself with the rules and policies of both of the YMCA branches. I will inform all members of my family of these rules and policies.
2. Classes and programs are subject to change, including cancellation if low enrollment should occur.
3. I paid a one time join fee today. I understand that if my membership expires and more than 30 days passes, I will need to pay the join fee again when starting my next membership.
4. I understand that if I paid my membership in full for one year or 3 months, my memberships will automatically terminate at the end of that time period.
5. I understand that if I am paying for my membership with a monthly draft, I am committing to membership for a minimum of one year. My drafting membership will automatically be renewed at the end of one year, unless I notify the YMCA in writing to terminate my membership. The YMCA will have up to 30 days to process the request. After the first year, memberships are a month to month commitment.
6. I understand, early termination may be granted in special circumstances, such as a physicians order to stop exercise or if you move away from the Wabash Valley. (Please contact the Branch Director about placing your membership on hold.)
7. I understand, memberships may be placed on hold without dues due to special circumstances such as a physicians order to stop exercise. (Please contact the Branch Director about placing your membership on hold.)
8. I understand that membership rates are subject to change each year on January 1st. The YMCA will provide a minimum 30 day notice of any rate increase. When notified, I (we) will have the option of early termination. A membership termination form would be submitted and the YMCA would have up to 30 days to process the request.
9. I (we) understand that there will be a \$20.00 charge if my check or ACH payment is returned because of insufficient funds, closed account status or stop in payment. I (we) understand that if our checking account draft is returned unpaid, it will be collected by eCashflow systems electronically with an additional \$20.00 fee when funds become available.
10. I (we) understand that all members are required to scan their membership card at the start of every visit to the YMCA. Membership replacement cards are \$5.00.
11. I (we) understand that memberships are nonrefundable and nontransferable.
12. I (we) agree to abide by all rules and regulations of the YMCA and I (we) understand failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership without reimbursement. The basic code of conduct encompasses the YMCA's Character Development values: CARING, HONESTY RESPECT, and RESPONSIBILITY.
13. I (we) do not have any questions regarding this agreement.

Release Form

My signature verifies that I (we) agree not to hold the YMCA responsible for any accident or injury or property damage incurred while using the YMCA facilities and further agree to indemnify and save them harmless from any loss cost or expense arising out of any such accident or injury sustained on their premises, or from any use of their equipment.

Signature

Date

FOR OFFICE USE ONLY:

I confirm that I have reviewed the annual membership commitment, termination process and 30 day requirement to cancel a monthly draft with _____.

Signed: _____ Date: _____