



Pomona Valley YMCA
 1460 E. Holt Ave. Suite 196 Pomona, CA 91767
 (909) 623-6433 Fax (909) 622-6192

FOR YOUTH DEVELOPMENT
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Membership Application

Today's Date _____

Adult ___	Senor Family ___	Senor ___	Teen ___
Single Parent ___	Youth ___	Family ___	

Which Branch will you use primarily?	
Pomona	Diamond Bar

PRIMARY MEMBER (PLEASE PRINT)

First Name:		Last Name:	
Gender: M ___ F ___	Birthday:	Marital Status: Married ___ Single ___	Race: (optional) American Indian ___ Asian/ Pacific Islander ___ White ___ Hispanic ___ Black/ African American ___ Other ___
Mailing Address:			Home Phone: Cell Phone:
City:	State:	Zip Code:	Email Address:
Emergency Contact:	Emergency Contact Phone:	Relationship to Primary:	Employer/ Employer Phone No.:
How did you hear about the YMCA? Radio Newspaper TV Magazine Drive by Job Yellow Pages Member Direct Mail Friend Email Family Medical Referral Other:	Household Income: (optional): 0-13,999 14,000-24,999 25,000-39,999 40,000-54,999 55,000-74,999 75,000- and over	What's your current activity level? - Activity Exerciser - Start/Stop Exerciser - New Exerciser Would you like to Schedule an appointment with the wellness coach? Yes No	Why are you and your family joining the YMCA? _____ _____ _____ _____

ADDITIONAL ADULT

First Name:		Last Name:		Birthday	
Gender: M ___ F ___	Marital Status: Married ___ Single ___		Race: (optional) American Indian ___ White ___ Asian /Pacific Islander ___ Hispanic ___ Black/African American ___ Other ___		
Mailing Address:					
City:	State:	Zip Code:	Home Phone:	Cell Phone:	
Email Address:		Employer:		Employer Phone:	

Additional Children

1	First Name	Last Name	Birth Date	Relationship to Primary:
2	First Name	Last Name	Birth Date	Relationship to Primary:
3	First Name	Last Name	Birth Date	Relationship to Primary:
4	First Name	Last Name	Birth Date	Relationship to Primary:

Waiver:

I am an adult over 18 years of age and wish to participate in YMCA of Pomona Valley (the "YMCA") membership/ program activities (including Diamond Bar), and wish my children or legal wards to participate and give them permission to participate in the YMCA activities (including Diamond Bar). As usual in this agreement "children" shall include legal wards and "parent" shall include legal guardian. As condition of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including facilities or equipment or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents happen. As a condition of participation by me or my children in YMCA activities, and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in alleged actions or omissions by me or my children. I have this authorization, waiver, and release, understand it, and I am voluntarily signing it. I understand that the YMCA at Pomona Valley is not responsible for personal property lost, damaged, or stolen while other members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the YMCA of Pomona Valley to use without limitation or obligation, photographs, film, footage, or tape recordings, which may include me or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please check areas of interest:

	Self	Spouse	Children		Self	Spouse	Children
Aerobics (Group Ex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinning (Cycling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Recreations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Teen Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Membership Description:

- Family Membership: 2 Adults and 3 Kids (17 and under)
- Single Parent: 1 Adult and 4 Kids (17 and under)
- Young Adult: 14-17 years
- Youth: 9-13 years (Under 9 must be part of Family Membership).

- Senior: 62 years and over.
- Senior Family: 2 Senior Adults (62 years and over)
- Single Adult: 18 and over.

Membership Agreement

If my membership dues are paid through Credit Card draft or electronic funds transfer, I understand this is a continuous membership plan. This membership will remain in effect as long as retain the membership card issue to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA written notice at least **30 DAYS** prior to my draft date.

All membership rates are subject to change with **30 days written notice**. I understand that it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank drafts of payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues). The Pro-Rated Fee is a one-time fee as long as you remain an active member of the YMCA of Pomona Valley. **I do understand that membership fees are non-refundable.**

Signature: _____ Date: _____

Signature: _____ Date: _____

Bank Draft Payment Option

Electric Funds Transfer (EFT) or Credit Card Authorization

I authorize my bank to honor preauthorized Electric Funds Transfer or Credit or Debit charges against my account for (membership/program/ contribution) payments as indicated below. When the bank honors the EFT or Credit or Debit Card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized transfer not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for my monthly payment directly from my:

Checking Savings

I will be drafted on the 20th of the month. (Initial) _____

Bank Name: _____

Name(s) on account: _____

Routing / Transit: _____

Account Number: _____

Authorization Signature: _____

Today's Date: _____

I choose to utilize the Credit Card or Debit Card option for my monthly payment

I will be drafted on the 20th of the month. (Initial) _____

Cardholder Name _____

Account Number: _____

Credit Card Type: Visa Master Card Discover American Express

Card Number Expiration Date _____

Authorization Signature: _____

Today's Date: _____