

YMCA of WASHINGTON COUNTY IOWA Membership Application



Purpose and Goals – As a member of the Washington Community Y, I agree to cooperate and adhere to the YMCA’s mission – to put Christian principles of caring, honesty, respect, and responsibility into practice through programs that build healthy spirit, mind, and body for all.

Personal Information (Please Print)

First Name, MI, Last Name,	Birthdate: Month/Day/Year / /	Male	Female
Address (Street & P.O. Box)	(City, State, ZIP)	Home Telephone # / Cell Phone #	
E-Mail Address	Place of Employment	Work Telephone #	
Emergency Contact (Name)	Relationship	Telephone #	
Spouse, Last Name, First Name	Place of Employment/Work Telephone #	Birthdate: Month/Day/Year	

Membership Branch: Washington Y or Wellman Branch	Membership Type	Receipt #	Staff Name or Initials
---	------------------------	-----------	------------------------

Children	Date of Birth	M/F	Name	Date of Birth	M/F
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

Responsibilities and Releases

Membership Card – I understand that I must present my membership card for admission and cards are non-transferable. Abuse of membership card or violations of Code of Conduct may result in suspension/termination of membership. ___ *Initial*

Code of Conduct– The YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Conduct detrimental to the association and/or in disregard of YMCA member policies and practices may result in suspension and/or termination of membership privileges. ___ *Initial*

Liability – I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family’s participation in these activities. I hereby release and discharge the YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family’s participation in these activities. ___ *Initial*

Photo Talent Release – I give permission to the Washington Community Y to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family’s image(s) or voice(s) for purposes of promotion or interpreting YMCA programs. ___ *Initial*

***Anyone that appears on the Sex Offender Registry is NOT eligible for a YMCA Membership.** ___ *Initial*

SIGNATURE _____ DATE _____

Driver’s License # _____ State ID # _____ MID# _____
(Military ID #)

Membership Card & Pix Received yes no Membership Packet given yes no Guest Passes Given yes no

**AUTHORIZATION TO HONOR BANK DRAFTS
BY THE YMCA of WASHINGTON COUNTY IOWA for MEMBERSHIP PAYMENTS**

I, the undersigned, authorize the financial institution, designated hereon to pay the YMCA of WASHINGTON COUNTY IOWA and charge to the account(s) identified on the attached voided check(s) on a **monthly, quarterly, or semi-annual** basis. I understand that my checking/savings will be debited on the **18th of the month** to pay my membership for the following month. **I understand my YMCA membership via bank draft is a monthly commitment and will automatically be withdrawn every month unless I notify the YMCA in writing before the end of the month preceding the draft date.** **Signature** _____

1. In the event that I cancel my membership, I understand that I must turn in all membership cards.
2. In the event my bank does not honor my membership draft, I understand that I am still responsible for that payment to the YMCA and for any service fee imposed by my bank. If more than two bank drafts are returned on my account, I realize that my bank draft privileges will be revoked and I am responsible for the remaining balance due on my membership payable by cash only. **A \$25.00 service fee will be charged on any returned bank draft. No program sign up will be allowed until payments are received.**
3. The YMCA may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to any such change.
4. I understand that all payments are non-refundable, and non transferable. (1-4) **Signature** _____

To honor bank drafts drawn by you on my account for membership payments as indicted above. It is understood that your sending of a draft to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. **Should any draft not be honored by said bank when received by them, I will remain liable for such payment and shall immediately pay to you such amount together with an additional processing fee of \$25.00.**

Signature of Bank Depositor (As shown On Bank Records): _____

Credit Card

Card Holder: _____

MasterCard # _____ Exp date: _____

Visa # _____ Exp date: _____

FOR OFFICE USE ONLY

Transactions: Join Date ___/___/___

Joiner's Fee \$ _____

Payment Options:

Membership Amount \$ _____

Annual Full Pay

Credit on Account \$ _____

Monthly Bank Draft \$ _____

½ Locker Fee (MFC only)
(if member requests) \$ _____

Scholarship Amount _____% \$ (-_____)

Corporate Name # _____

Other _____ \$ _____

Staff Initials/Signature _____

PLEASE VOID CHECK HERE