



Lake County YMCA

Prospective Member Information

Draft Full Change

Member Info

<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Birth Date:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>		
Race: Unspecified <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/>		

Contact

Home Address Line 1	
City	
State/Zip	
County	
Home Phone	()
Cell/Other Phone	()
E-mail	
E-mail (for 2nd adult listed below)	
Employer	
Employer Matches Gifts?	Yes/No
Business Address Line 1	
Business Address Line 2	
State/Zip	
Business Phone	() Ext:
Business Fax	()
Emergency Contact	First Name Last Name
Emergency Phone	
Relation to Primary?	Self Spouse Son Daughter Parent Dependent Friend Other

Marketing

Household Income	
<input type="checkbox"/>	\$0-\$13,999
<input type="checkbox"/>	\$14,000-\$24,999
<input type="checkbox"/>	\$25,000-\$39,999
<input type="checkbox"/>	\$40,000-\$54,999
<input type="checkbox"/>	\$55-\$74,999
<input type="checkbox"/>	\$75,000+

How did you hear about the YMCA?	
<input type="checkbox"/>	Radio
<input type="checkbox"/>	Television
<input type="checkbox"/>	Billboard
<input type="checkbox"/>	Driveby-live in area
<input type="checkbox"/>	YMCA
<input type="checkbox"/>	Direct mail
<input type="checkbox"/>	Email
<input type="checkbox"/>	Yellow Pages
<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Place of Employment
<input type="checkbox"/>	Member
<input type="checkbox"/>	Former Member
<input type="checkbox"/>	Friend/Family
<input type="checkbox"/>	Medical referral

Areas of Interest/Volunteer Work?	
<input type="checkbox"/>	Aerobics-Group Ex.
<input type="checkbox"/>	Spinning
<input type="checkbox"/>	Strength Training
<input type="checkbox"/>	Sports
<input type="checkbox"/>	Summer Camp
<input type="checkbox"/>	Resident Camp
<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Coaching
<input type="checkbox"/>	Parent-Child Programs
<input type="checkbox"/>	Teen Activities
<input type="checkbox"/>	Senior Programs
<input type="checkbox"/>	Social Activities
<input type="checkbox"/>	Family Recreation
<input type="checkbox"/>	Volunteerism
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Board Member
<input type="checkbox"/>	Aquatics
<input type="checkbox"/>	Other

Name (Last if different)	Birthdates	Sex	Race	Employer / School
2nd Adult				
Children				

Office Use Only	Join Date:	Method of Payment:	Towel Only <input type="checkbox"/>
	Enrolled by:		Annual Pay <input type="checkbox"/> Draft Date <input type="checkbox"/>
	Membership Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card <input type="checkbox"/>	Locker Only <input type="checkbox"/>
			Towel & Locker (Husband & Wife) <input type="checkbox"/>

YMCA MISSION STATEMENT

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

CONDITIONS OF MEMBERSHIP

All members are required to present a current, valid membership card when using the YMCA’s facilities and programs. Membership cards are not transferable. As a member of the YMCA, you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests. A copy of the Lake County YMCA General Policies can be obtained from your local YMCA branch.

DISCLAIMER/HOLD HARMLESS STATEMENT

I/we understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or program whenever occurring. On behalf of myself and my heirs, administrators and executors, I hereby release and hold the YMCA and its officers, trustees, employees, agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without this agreement.

I authorize the Lake County YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

In the event of reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any minors named on the application to be transferred to any hospital reasonably accessible. Facts concerning the child’s medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted, are:

I understand that the Lake County YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I/we have read and understand the mission statement, conditions of membership, and disclaimer/hold harmless statement above. In addition, I/we understand and agree that the conditions of membership and the disclaimer/hold harmless statement are in effect throughout my membership with the Lake County YMCA. I/we also understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

SIGNATURE _____ **DATE** _____
(Applicant) *Parent must sign for minors*

SIGNATURE IS REQUIRED TO RECEIVE YOUR MEMBERSHIP CARD

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 for as long as I retain the membership card issued 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 a **30 day written notice**.

The Joiners Fee is a one-time fee as long as you remain an active member of the Lake County YMCA. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues). Memberships are non transferable and non refundable.

Signature _____ Date _____ Signature _____ Date _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) 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 plus service charge. 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 monthly payment (direct debit from my Checking Savings)

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

Authorized Signature _____ Date _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Credit Card Type Visa MC Card Holder Name _____

Account Number _____ Expiration Date _____

Authorized Signature _____ Date _____