



MEMBERSHIP APPLICATION and CHANGE FORM

Jefferson City Area YMCA

Date of Application _____

Staff Initials _____

PRIMARY INTEREST?

- Aquatics Childcare Health & Wellness Sports (youth/adult)

MEMBERSHIP TYPE

- Household 2 (Two Adults + Kids *in same household*)
 Household 3 (Three Adults + Kids *in same household*)
 Household 4 (4 Adults + Kids *in same household*)
 Single Parent Family (Adult + Kids)
 Adult (Individual)
 Senior Adult (Individual 62 or older)
 Senior Couple (Both of which must be 62 or older)
 Youth/Young Adult (Individual under 24)
 SilverSneakers (#2300-_____)
 Renew Active (#A _____)
 UPRR (# _____)

CHANGE OF INFORMATION

- Add Discount Group
 Reactivate Membership to (please select on left column and complete necessary sections below)
 Add Child/Individual to account
 Transfer Current Membership to (please select on left column and complete necessary sections below)
 Change of Bank Draft Information
 (Complete Draft Agreement with new information)

PROOF OF RESIDENCY REQUIRED FOR HOUSEHOLD MEMBERSHIPS

- FOR STAFF ONLY- Check box once residency verified

BUCK A MONTH (Goes toward Y's Outreach Fund to support youth and families in need)

- I would like to add \$1 to my monthly Bank Draft to be donated to the Outreach Fund
 I would like to make a one-time donation of \$5 \$10 \$25 \$50 \$_____

PRIMARY MEMBER INFORMATION

Name _____ Male Female DOB ____/____/____
 Home Address _____ Apt # _____
 City _____ State _____ Zip _____
 Cell Number _____ Cell Provider _____
 May we contact you via text/email with promotions, cancellations and other information (You may opt out at a later time)? Yes No
 Email _____ Discount Group _____

MEMBERS ON ACCOUNT

(Spouse, additional adults, dependents 23 years and younger, disabled dependent family member at home)

Name	DOB	Gender (Circle one)	Relation	Ethnicity (optional)
1.		Male Female		
2.		Male Female		
3.		Male Female		
4.		Male Female		
5.		Male Female		
6.		Male Female		

IN CASE OF EMERGENCY

(Please list someone not on your membership to notify)

Name _____ Relationship _____ Phone _____

PHOTO RELEASE: I hereby consent and agree that moving or still pictures may be taken of me by YMCA staff members (and whomever they may designate) to be used and displayed at their discretion for marketing/public relation purposes

PATRON ACCEPTANCE OF COLLECTION COST: Payment for services are due in advance. Payment not received by the specified deadline or as a result of an insufficient check may be subject to collections by a collections agency and/or attorney. If such should occur, patron agrees that he/she shall be responsible for any and all of the Jefferson City Area YMCA's expenses, including, but not limited to, collection costs, court costs and attorney's fees, whether or not litigation is commenced.

POLICY ON REGISTERED SEX OFFENDERS: The Jefferson City Area YMCA prohibits sex offenders from obtaining membership or participating in classes and programs offered in or on the grounds of any of its facilities or properties. The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

I, the undersigned, request permission for all individuals listed on this membership to enter the Jefferson City Area YMCA (hereinafter "the YMCA") in Cole County, Missouri and to participate in any YMCA activities, including but not limited to: the YMCA fitness center and all sporting and recreational activities. I know and I assume any and all risks related to my participation in the above activities, whether such risks arise while on or off the YMCA premises. In consideration of the permission granted to enter the YMCA premises and /or participate in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presences on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arise from the negligence or fault of the YMCA. I represent and certify that I am 18 years of age or older, and that my attendance and participation in YMCA activities is voluntary. I certify that I have read and I understand the foregoing request/release.

In witness whereof, I have executed this request and release on this _____ day of _____, 20_____,

Applicant (18 years or older)

Parent or Guardian, if Minor

Spouse

MONTHLY BANK DRAFT OR DEBIT/CREDIT CARD DRAFT FOR MONTHLY DUES

Bank Draft/Debit/Credit Card payment plan is a continuous membership payment draft and it will continue unless the Y is notified in writing by noon on the last day of the month to be affective for the forthcoming month.

Bank: Name of Bank _____ Bank Routing Number _____

Checking Savings Bank Account Number (Last 4 Digits Only) _____

Credit Card: Visa Mastercard Discover

Credit Card Number (Last 4 Digits Only) _____ Expiration Date: _____ / _____

Name on Account for Draft _____

ELECTRONIC WITHDRAWAL and TERMINATION OF MEMBERSHIP

Initial _____ I am agreeing to pay the one-time \$50 Joining Fee. I understand this membership is ongoing and continues until I cancel it in writing. Membership dues are neither refundable nor transferable and will be drafted on the 1st of each month. It is my complete understanding that if I wish to terminate or change my membership/program in any way, I must give written notice in person. Bank drafts for membership dues and/or program fees must be cancelled in writing by noon on the last day of the calendar month to be effective for the forthcoming month. Drafted amounts are only refundable in the case of double drafts or incorrect amounts. It is my responsibility to check my monthly account statement and report any corrections within 30 days of the draft. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership/program. I understand that I will receive at least 30 days written notice prior to any such change. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.

Member Signature

Date