



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Adult #1 First Name _____ MI _____ Last Name _____

Gender: Male Female Birth Date ____/____/____

Marital Status Single Married Divorced Separated Widowed

Ethnicity Asian/Pacific Islander African American/Black Alaskan Native Hispanic Native American Other Caucasian/White

Street Address _____ City _____ State _____ Zip Code _____ Home Phone _____

E-mail _____ Cell/Other Phone _____ Employer _____ Yes No
Employer Matches Gifts

Emergency Contact First Name _____ Last Name _____ Phone _____ Relation to Primary Member _____ How did you hear about the Y _____

Adult #2 First Name _____ MI _____ Last Name _____ Gender: Male Female Birth Date ____/____/____

Ethnicity: Asian/Pacific Islander African American/Black Alaskan Native Hispanic Native American Other Caucasian/White

E-mail _____ Cell/Other Phone _____ Employer _____ Yes No
Employer Matches Gifts

Emergency Contact First Name _____ Last Name _____ Phone _____ Relation to Primary Member _____ How did you hear about the Y _____

Adding additional adult may ONLY be done within household memberships and will be \$20 more per month for each adult and must live in same household.

#	First Name	Last Name	Gender M/F	Birth Date	Ethnicity	Relationship
Adult #3 + \$20						
Adult #4 + \$20						
Adult #5 + \$20						

Dependents in household 23 years or younger (for household memberships ONLY) (dependents to be verified by tax return when necessary)

#	First Name	Last Name	Gender M/F	Birth Date	Ethnicity	Relationship
Child #1						
Child #2						
Child #3						
Child #4						
Child #5						

Financial Assistance Policy – The Y is a cause-driven organization “for all.” Our financial assistance program ensures that anyone can participate in Y programs, despite the inability to pay the full program fee. At the Y, no child, family or adult is turned away. We recognize that for communities to succeed, everyone must be given the opportunity to be healthy, confident, connected and secure. Financial assistance is provided through our Annual Campaign. **If this is a need of yours, please ask for an application.**

I would like to make an additional tax-deductible donation to the Y using my monthly draft.

Monthly Donation \$30 \$25 \$20 \$15 \$10 \$5 Other \$ _____ or One-time gift \$ _____

OVER

EFT Monthly Payment, Procedures, and Information – By agreeing to the EFT Monthly Payment Authorization, your bank account will be drafted on the 1st of each month. If funds are not available on your draft date, we will attempt to collect funds a maximum of two additional times by month end. Each unsuccessful attempt will result in a \$25 NSF fee by the Y. After three unsuccessful attempts your membership will be terminated. Your bank may also charge a fee for each attempt made to collect the funds. **Initial** _____

Monthly Payment Authorization Name as it appears on bank account _____

Bank Name _____ Bank City/State _____ Type of Account: Checking Savings

Financial Institution Routing Number (usually first sequence, 9 digits) _____

Bank Account Number _____

(Usually last sequence can be up to 17 characters, both numbers and letters. Include hyphens, but omit spaces and symbols.)

I (We) authorize the Great Plains Family YMCA to charge my (our) checking/savings account for monthly membership fees. I (We) understand that these charges are continuous and ongoing until the Y receives proper cancellation notice.

Authorized Signature (must be 18 or older) _____ **Joint Signature, if applicable** _____ **Date** _____

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. **Initial** _____

Cancellation/Change Policy – Written notification must be received **7 days prior to your draft date** or your account will be drafted for that month. Please keep a copy of your cancellation form for your records. Members are responsible for reviewing their bank statements to verify their monthly draft has been cancelled. Should the Y fail to cancel your draft following written notification, refunds **MUST** be requested in writing within **60 days** of the membership termination date. **Initial** _____

Hold Harmless Agreement – By my signature, and of my free will, I do hereby agree to indemnify and hold harmless the Great Plains Family YMCA from any and all claims or demands, costs, or expenses arising out of any injuries, damages, or other losses whether personal or property sustained by me or any party to whom I am responsible. **Signature** _____ **Date** _____

Membership Agreement – The Great Plains Family YMCA reserves the right to terminate or refuse anyone membership based on inappropriate behavior or not abiding by the rules, regulations and policies of the Y. **Initial** _____

Photo and Video / Audio Recording Release – For my participation in activities conducted by the Great Plains Family YMCA, I hereby give permission and consent for me and my family members, now and for all time, to the Great Plains Family YMCA, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Great Plains Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Great Plains Family YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services. **Signature** _____ **Date** _____



Y STAFF USE ONLY	
Membership Type _____	<input type="checkbox"/> Annual <input type="checkbox"/> EFT Financial Assistance % _____
Membership # _____	Staff Full Name _____