



Y Membership Application

OFFICE USE ONLY

DATE/INITIALS _____
 USING CHILDWATCH: _____
 FIN ASSISTANCE % _____
 F.A. EXP. DATE: _____
 CORPORATE: _____

Your membership in the Y entitles you to full Y privileges and Y express continuously until you notify the Y in writing that you wish to cancel your membership effective the 1st of the next month. Membership dues are paid monthly, by electronic funds transfer (EFT)/Credit Card or for 6 or 12 months up front. ***One time join fee upon sign up—price subject to change***

Type of Membership: Youth(13-18) Young Adult(19-25) Single (26+) Family 2 Family 3+

Primary Member

First Name _____ MI _____ Last Name _____ DOB _____
 Gender _____ Ethnicity: _____

Additional Members

Name _____ MI _____ Last _____ DOB _____
 Gender _____ Ethnicity _____
 Name _____ MI _____ Last _____ DOB _____
 Gender _____ Ethnicity _____
 Name _____ MI _____ Last _____ DOB _____
 Gender _____ Ethnicity _____
 Name _____ MI _____ Last _____ DOB _____
 Gender _____ Ethnicity _____

The Family YMCA espouses the Core Values of Caring, Honesty, Respect and Responsibility, and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, the removal of Y property, or criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the Y therefore retains the right to deny memberships to its applicants and to revoke the membership of any current member or participant at its sole discretion. (See member handbook for full details).

Your membership in the Y supports our mission of building strong kids, strong families, strong communities in spirit, mind and body.

The Y is a volunteer-driven organization. We utilize volunteers for programs such as youth basketball, special events such as 4th of July Firecracker 5K Run, & facility projects such as renovating the facility. We can certainly use your help.

Would you like a staff member to contact you regarding volunteer opportunities at this time? Yes _____ No _____

Friend of the Y Means: The Y is a non-profit organization. Would you like to make a tax-deductible donation to help support a child participate in one of our Y programs or help another person or family become a part of this Y. It is our policy that no one is turned away due to the inability to pay.

Help us make a difference in our community with a monthly donation of: \$5 _____ \$10 _____ \$15 _____ \$Other _____
One Time Donation of \$ _____

Your Y member ID card must be shown to gain entry. Membership cards are not transferable. Should you forget your card you may be asked to purchase a new one. _____(Initials)

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. All members must be photographed for security purposes at the time of application. (Those not present upon application will have their photos taken on their first visit.)
 _____ (Initials)

Signature _____ Date _____

Have you participated in any of our programs/Classes in the last 6 months? _____
If so what program? _____

ELECTRONIC FUNDS TRANSFER/CREDIT CARD CHARGE

I hereby authorize The Family YMCA to initiate a withdrawal for the deduction(s) noted from the bank account or credit card listed below. I understand that there is a 2% service fee for credit/debit card payments. I agree to notify the Y of any changes to the EFT account or credit card number listed below. I understand if my EFT or credit card is rejected for any reason, my account will be assessed a \$5.00 fee. _____ (Initials)

AND

I understand that I must notify the Y in writing prior to the 1st of the month to stop the transfer of the next month's dues. I understand membership dues are charged every month to my selected billing method. The Y stops withdrawal from my bank or credit card ONLY after receiving my written notice. I understand that if I do NOT notify the Y before my dues are charged that I will not be refunded or reimbursed. _____ (Initials)

CHOOSE ONE

Please specify bank/credit union _____

Name of Account Holder (please print) _____

Routing # _____ Account # _____

This account is: ___ checking ___ savings **WE WILL NEED VOIDED CHECK FOR VERIFICATION**

OR

Name of Card Holder (please print) _____

___ VISA ___ MasterCard ___ Discover Card # _____ Exp. Date _____

Type of deductions Membership _____ Donations _____ Locker Rental _____

Signature _____ **Date** _____
(for Billing Authorization)

*Name of person authorized to make changes to your account on your behalf. _____
(Only if you wish to have someone who can)

How Did You Hear About Us?

- | | | |
|---|---|--|
| <input type="checkbox"/> Friend/Word of Mouth | <input type="checkbox"/> Walk In | <input type="checkbox"/> Chamber of Commerce |
| <input type="checkbox"/> Banner | <input type="checkbox"/> YMCA Website | <input type="checkbox"/> School |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> YMCA Brochure/Referral | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Flyer/Handout | <input type="checkbox"/> LADailyPost.com | <input type="checkbox"/> Theater Ad |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> LA Monitor.com | <input type="checkbox"/> Other |