

FAMILY YMCA OF FAYETTE COUNTY MEMBERSHIP APPLICATION

PLEASE PRINT

Primary Member Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Email Address: _____

Emergency Contact Name (**REQUIRED**): _____ Phone: _____

If member is under 18 years of age, please indicate parent or guardian information below:

Name: _____ Date of Birth: _____

(If applying for other than single membership, please list family members and birthdates)

Name:	Relationship:	Date of Birth:

Waiver: 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 or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I expressly 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, servants 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 participation in these activities. I understand the YMCA is not responsible for personal property lost or stolen while members and/or guest members are using YMCA facilities or on YMCA premises. All new and inactive memberships are required to pay a \$20.00 processing fee before membership can be processed. I have received a copy of the Membership Policies Packet and will abide by the rules as stated therein.

Membership will be pending until a search on NSOPW Sex Offender Database has been performed.

Member Signature: _____ Date: _____
(If not at least 18, parent or guardian must sign)

To be completed by staff member:

NSOPW Sex Offender DB checked

Daxko cards created

Photos taken

Membership Policies Packet given to member

 Staff Member Signature

 Date

**Family YMCA of Fayette County
Payment Authorization**

Member Name: _____

Type of Account (check one): Checking: _____ Savings: _____ Credit/Debit Card: _____

In the amount of: \$ _____ Date to Begin: _____

CHECKING OR SAVINGS ACCOUNT:

PLEASE ATTACH A VOIDED CHECK
OR
PROOF OF BANKING INSTITUTION ACCOUNT NUMBERS
(We cannot use deposit slips.)

CREDIT/DEBIT CARD:

Name as printed on card: _____

Card: (circle one) VISA MASTERCARD DISCOVER

Account No: _____ Expiration Date: _____
(staff member - verify account information)

- Payments are processed on the 1st of each month. Any changes to my bank/card service are required to be submitted to the YMCA in writing prior to the first day of the month.
- The YMCA cannot accept prepaid debit or credit cards.
- It is understood that my above designated payment selection will be continuous until a written change notification has been received and acknowledged by the YMCA. If at any time I need to cancel my membership, it is required that I submit to the YMCA a written notice prior to the first day of the month. *Initial* _____
- Should any payment not be honored by said bank/card service when received by them, it is understood that the payment to the YMCA is to be made in the amount of the said payment plus a service charge fee. *Initial* _____
- If my payment is rejected by my bank/card service twice in a six month period, I understand the YMCA will cancel my membership and I will be responsible for paying my past due balance and a \$20.00 reinstatement fee to renew my YMCA membership. *Initial* _____
- I agree to abide by the rules and policies of the YMCA, including changes approved by its governing bodies in accordance with its Charters and By-Laws.
- The YMCA reviews rates annually and in the event of a rate change, the YMCA will notify you of your rate change by mail using the address we have on file with at least thirty days' notice.

Member Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

Staff (circle one): copy provided copy declined

MEMBERSHIP INFORMATION – TO BE COMPLETED BY STAFF MEMBER

MEMBERSHIP ELIGIBILITY:

- ___ FAMILY: Two individuals in a marital relationship living in the same household with all legal dependents as claimed on taxes
- ___ MARRIED COUPLE: Two individuals in a marital relationship living in same household
- ___ ONE ADULT FAMILY: One adult and all legal dependents as claimed on taxes
- ___ ADULT: One individual age 18-59
- ___ STUDENT: One individual age 18-26 with proof of enrollment (**proof required**)
- ___ YOUTH: One individual age 10-17 (only available as an annual membership)
- ___ PROGRAM: One individual age 4-9 who only wants to participate in programs (**this does not include any facility usage**)

ASK ABOUT DISCOUNTS – ONLY ONE DISCOUNT ALLOWED PER MEMBERSHIP

If member qualifies for more than one discount, always use the one that most benefits the member.

Honor Silver Sneaker Memberships provided by their insurance carrier – Free Membership

Law Enforcement/Military/Corrections Discount – 10%

Senior Discount (60 and older) – 35%

If they are employed by any of the following corporate sponsors – 20%

Bank of Hillsboro

Luallen, Cearlock, Barth, & Burnam

Country Financial

McDonald's

Denny's

Midland States Bank

FAYCO Enterprises

Miller Funeral Home

Fayette County Hospital

Peoples State Bank

Fayette County Real Estate

Temperance Lodge No. 16 – Shriners

First National Bank

Vandalia Asphalt

Fulk Construction

Van Seal

Laack Flooring

Member Employer: _____

Spouse/Partner Employer: _____

Event Discount Promotional Code: _____

Staff Initials: _____ Date: _____