



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO THE FAMILY!

CHRISTIAN COUNTY YMCA Membership Application

Joining Date: _____

Primary Member (must be age 19 or older): _____ Date of Birth: _____

Address: _____

City: _____ ST: _____ Zip: _____

Primary Phone: _____

Cell Phone: _____

Email: _____

<u>Place of Employment</u>
Primary: _____
Work Phone: _____
Secondary: _____
Work Phone: _____

Emergency Contact (someone other than yourself):

Name: _____ Phone: _____

List everyone included on this membership:

Name: _____ Date of Birth: _____ Current age: _____

Name: _____ Date of Birth: _____ Current age: _____

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Types of Membership:

- | | |
|--|---|
| <input type="checkbox"/> Youth (Infant to 18 yrs. of age/still in High School) | <input type="checkbox"/> Senior (65+ yrs. of age) |
| <input type="checkbox"/> Young Adult (19-24 yrs. of age) | <input type="checkbox"/> Senior Couple (1 person 65+ yrs. of age) |
| <input type="checkbox"/> Adult (25-64 yrs. of age) | <input type="checkbox"/> AARP Renew Active |
| <input type="checkbox"/> Family (Adults & dependents claimed on income tax) | (check with front desk for eligibility) |
| <input type="checkbox"/> Walking Program | |
| (Non-members using the facility ONLY to walk laps) | |

The YMCA routinely monitors the updated sex offender list and cross references to 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.

Is any individual on this membership required to register as a sex offender?

Yes: _____ No: _____ Name: _____

How did you hear about the YMCA:

Social Media: ___ Radio: ___ YMCA Members: ___ Newspaper: ___ Other: _____

Areas of Interest:

Aquatics: ___ Wellness/Fitness: ___ Childcare: ___ Family Events: ___ Youth Programs: ___ Other: _____

Schedule Wellness Center Orientation: Yes ___ No ___

Please Read and Initial:

- ___ I agree to support the mission, purpose and goals of the YMCA and accept and understand all rules and policies of the YMCA.
- ___ New membership is a 1 year minimum commitment. Membership automatically renews after 12 months
- ___ Cancellations will not be processed over the phone. Cancellation forms must be submitted to the front desk.
- ___ Cancellation within the first 12 months will result in a 90 day penalty equal to 3 months dues.
- ___ A \$25.00 service charge will be assessed in the event of a returned check, credit card or bank draft.
- ___ A 3% processing fee will be charged to credit card to debit card payments.
- ___ The YMCA reserves the right to make membership or program rate adjustments at any time.
- ___ Any member over 30 days delinquent in payment will be terminated and must pay a 90 day balance in addition to the joining fee to re-establish membership benefits.

Payment Options:

If monthly payment is elected, it must be automatically drafted from a checking account, savings account, credit card (American Express, Discover, Master Card, Visa), or debit card of your choice on the 15th or 28th of the month. A 5% discount is applied if paid (in full) annually, A payment must be received at the time of registration to begin using the YMCA.

Payment: _____ Yearly, in full (5% discount) _____ Monthly Draft



Bank draft

- 15th or 28th
- Checking or Savings

Financial Institution: _____

Name on account:

ATTACH VOIDED CHECK



Credit/Debit Card

- 15th or 28th

Card #: _____

Card Type: _____ Exp.: _____

Name on card: _____

Billing Address: _____

(zip) _____ CVV _____

3% SURCHARGE ADDED

Draft Options:

I hereby authorize the Christian County YMCA to initiate electronic fund entries to the above account for membership fees. I understand that this is a month-to-month membership plan and will remain in effect as long as I retain a CCYMCA membership.

If I wish to terminate or change my membership in any way, I must provide the YMCA with a 30-day written notice. I also understand that I must turn in all of my membership cards upon termination.

Signature: _____

Date: _____

FD Staff Initials: _____