



Marshfield Area YMCA Membership Application Form

Date: _____

- Corporate Employer _____
(Adult, Family, Single Parent Family Only)
- Scholarship

Membership Type:

- Youth College Adult Single Parent Family Family Senior Adult Senior Couple
- Healthy Hearts Therapy & Beyond Silver Sneakers (Silver Sneakers ID # _____)

The below shaded areas MUST be completed prior to application being processed. Incomplete information will delay the processing of your membership.

Member Information: (If Corporate Membership-Employee's Name First)

Last Name: _____ First Name/Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____ E-Mail _____

Sex: () Male () Female Date of Birth: ____/____/____ Employer _____

Home/Cell Phone :() _____ Work Phone: () _____

- Ethnicity: (1) Asian (2) African American (3) Hispanic (4) Native American (5) White (6) Other
- Family Income: (1) \$0-10,000 (2) \$10-20,000 (3) \$20-30,000 (4) \$30-40,000 (5) \$40-50,000 (6) over \$50,000

• For YMCA National reporting purposes only. Information will remain confidential.

Spouse: (Only If Family Membership)

Last Name: _____ First Name/Middle Initial: _____

Sex: () Male () Female Date of Birth: ____/____/____

- Ethnicity: (1) Asian (2) African American (3) Hispanic (4) Native American (5) White (6) Other

Children: (For Family or Single Parent Family Memberships with children/dependents under the age of 18. If dependents are full-time college students between the ages of 19 and 23, proof of full-time status is required with application).

Last Name: _____ First/Middle Initial: _____ DOB ____/____/____ Sex ____

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Last Name: _____ First/Middle Initial: _____ DOB ____/____/____ Sex ____

Emergency Contact:

Name: _____ Primary Phone: () _____

Safety & Security: The following questions must be answered

Have you or any member of your family on this membership been convicted of a felony?
____ Yes ____ No If so, who and what was the felony? _____

Have you or any member of your family on this membership been convicted of a sexual related crime?
____ Yes ____ No If so, who and what was the felony? _____

RESPONSIBILITIES & RELEASES

Membership Card – I understand that I must present my membership card for admission and cards are non-transferable. Abuse of any membership card may result in termination or suspension of the membership.

Liability –I assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my participating in YMCA physical activities or my presence at the Marshfield Area YMCA facility.

Photo/Talent Release – I hereby irrevocably release, consent and allow the Marshfield Area YMCA and its agent to use my photograph/likeness/voice as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Cancellation – All YMCA memberships are continuous until a **30-day written cancellation notice is completed at the YMCA.**

Sexual Harassment/Sexual Offender – To keep our members and guests safe, it is against YMCA policy to allow any sexual harassment behavior in the YMCA. If a member is found guilty of sexual harassment, their membership will be terminated immediately. If at any time a member is found to be a sexual offender, their membership will be terminated immediately.

Code of Conduct – As a YMCA member, I (and my family) agree to abide by the YMCA Code of Conduct. The YMCA is committed to providing a Christian atmosphere that ensures the highest respect and courtesy towards one another, a healthy environment and the proper use, maintenance and care of YMCA property and equipment. To help ensure this environment, every member and guest can expect the following: A smoke and drug free environment; an environment free from verbal abuse, swearing, and fighting; an environment that shows respect for the property of other members and staff; an environment free from verbal and physical harassment and an environment that is free from inappropriate sexual behavior. Cell phone and cell phone cameras are prohibited from being in the locker room. Membership and use of the YMCA facilities is a privilege.

PLEASE INITIAL (After Reading Above)

I have been informed of the above responsibilities & releases of the Marshfield Area YMCA.

PAYMENT OPTIONS

Processing Fee of \$2.00 is added to Memberships that are Invoiced

Paid in Full Bank Draft Credit Card Corporate Semi-Annual Quarterly Monthly

**BANK DRAFT INFORMATION (Attach Bank Draft or Credit Card Authorization Form)
Corporate (Attach Company Payroll Authorization Form)**

A copy of a voided check must be attached to payment options form.

Joining Fee: _____ (fees are paid once with continuous membership)
Membership Dues: _____ (1st month of dues collected at the time of joining)
Total collected at joining: _____ **Staff Initials:** _____

Membership Agreement

I agree to adhere to the rules of this YMCA. The YMCA reserves the right to take necessary disciplinary action, including suspension and total ban from the facility, if these rules are not followed. I understand the YMCA reserves the right to terminate or suspend membership without refund of dues. All memberships are non-refundable and non-transferable. YMCA membership is a minimum one-year commitment. If a member terminates and then rejoins, a full joining fee will be required if more than sixty (60) days have passed. As a participant of the **Corporate Membership Program**, the joining fee will be waived **as long as membership is continuous**. It is my responsibility to notify the YMCA of any address and/or name changes.

Member Signature

Date

Rev 08/09

For Office Use Only

Membership Form		Bank/Credit Card Form		Corporate Payroll Form		Entered	
1st Month Fees		Cards		Mailed Cards		Initials	