



Y Membership Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Type of Membership:

____ Youth (0-12) ____ Youth (13-18) ____ Young Adult (19-24)
____ Single ____ Family2 ____ Family 3+

Prime/Corporate/Other (please specify) _____ **Prime Members must bring in a copy of their prime card

Were you referred by a current Y Member? Yes ___ No ___ If yes, then who? _____

Would you be interested in someone contacting you about Youth Mentoring? Yes ___ No ___

Primary Member

FirstName _____ MI _____ LastName _____ DOB _____

Address _____ City _____ State _____ Zip _____

Telephone #'s: Home _____ Work _____ Cell _____

Email _____ Cell Phone Provider _____

ADDITIONAL MEMBERS

Name _____ MI _____ Last _____ DOB _____

Name _____ MI _____ Last _____ DOB _____

Name _____ MI _____ Last _____ DOB _____

Name _____ MI _____ Last _____ DOB _____

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.

In keeping with our mandate of building strong kids and families and to maintain safe and comfortable facilities, convicted or registered sex offenders are excluded from membership and program participation at the Y, and offenders shall not enter onto Y property or loiter in the vicinity of Y programs and activities.

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 payable monthly, by electronic funds transfer (EFT) or for 6 or 12 months over the counter. Your Y member ID card must be shown to gain entry and remains the property of the Y, to be returned when the membership ends. Membership cards are **not** transferable.

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 ___

Signature _____ Date _____

ELECTRONIC FUNDS TRANSFER/CREDIT CARD CHARGE

I hereby authorize The Family YMCA to initiate an EFT (withdrawal) of funds for the deduction(s) noted from the bank listed below. **I agree to notify the Y of any changes to the EFT account number listed below. I understand if my EFT is rejected for any reason, my account will be assessed a \$5.00 fee.** _____ (initials)

OR

I hereby authorize the Y to charge my credit card for the deduction(s) listed below. I agree to notify the Y of any changes to the card listed below. I understand that there is a 2% service fee for credit/debit card payments. **I understand if my credit card is rejected for any reason, I will be assessed a fee. I understand that any credit card fees charged will not be refunded or reimbursed back.** _____ (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 **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)

Name of Account Holder (please print) _____

Please specify bank/credit union _____

Routing number _____

My account number at the above institution is: _____

This account is: ___ checking ___ savings

OR

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

Type of deduction: (please initial)

Membership/type _____

Donations _____

Locker rental _____

Other _____

Signature _____

What Areas are you interested in?

Would you like to receive more information about these areas? Yes ___ No ___

Aerobics/Group Exercise/Yoga

Fundraising

Cycling / Y RIDE

Climbing

Gymnasium

Sports

Cardio

Afterschool Care

Strength Training/ Weights

Child Watch

iCARE

Summer Camp

Coaching

Senior Programs

Teen Activities

Family Recreation

Social Activities

Volunteerism

How Did You Hear About Us?

Friend/Word of Mouth

Newspaper

Chamber of Commerce

Banner

YMCA Website

Walk-in

E-Mail

YMCA Brochure/Referral

Radio

Flyer

LADailyPost.com

Theater Ad

Handout

LA Monitor.com

School

Social Media