



GREATER HOLYOKE YMCA MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP:

(Please check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult (26-64 years) | <input type="checkbox"/> One Adult Household | <input type="checkbox"/> Youth (7-13 years) |
| <input type="checkbox"/> Two Adult | <input type="checkbox"/> Two Adult Household | <input type="checkbox"/> Program Individual |
| <input type="checkbox"/> Young Adult (19-25 years) | <input type="checkbox"/> Senior (65+ years) | <input type="checkbox"/> Program Household |
| <input type="checkbox"/> High School (14-18 years) | <input type="checkbox"/> Senior Couple (both 65+) | <input type="checkbox"/> Senior Center |

UNIT # _____

- | | |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> OTC |
| <input type="checkbox"/> 3rd Party | <input type="checkbox"/> HH |

FA Date: _____

☐ Cancel ☐ Term ☐ Expire
Date: _____

Staff Dept: _____

PRIMARY MEMBER:

First Name: _____ MI _____ Last: _____ ☐ M ☐ F

Address: _____ DOB: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Email: _____ Cell Phone: _____

SECONDARY MEMBER:

First Name: _____ MI _____ Last: _____ ☐ M ☐ F

Email: _____ Cell Phone: _____ DOB: _____

OPTIONAL INFO:

Race/Ethnicity:

- ☐ Latino
☐ White/Non-Latino
☐ African American
☐ Other: _____

Occupation: _____

Employer: _____

CHILD/DEPENDANT:

M/F DOB

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

PAYMENT INFORMATION:

EFT

Name on Account: _____

Account #: _____

Routing #: _____

Name of Bank: _____

CREDIT CARD

Name on Card: _____

Account#: _____

☐ MC ☐ VISA Exp. Date: _____

Emergency Contact:

Relationship:

Phone #:

The applicant/s acknowledges that it is the policy of the Greater Holyoke YMCA to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for convictions.

I have read and agree to all the terms and conditions on back, as well as initialed the informed consent and cancellation policy.

Member/Parent Signature: _____ Date: _____
(if under the age of 18)

INFORMED CONSENT:

In consideration of myself and/or my child being allowed to participate in the Greater Holyoke YMCA programs, I agree to assume risk for participating in such programs, and further agree to hold harmless the Greater Holyoke YMCA, the Board of Directors and its staff members conducting such programs from any and all claims, losses, or related cause of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the Greater Holyoke YMCA programs.

Initial: _____

BANK DRAFT / CREDIT CARD AGREEMENT:

I understand that bank draft/credit card payments are a continuous membership plan. I understand that my membership will remain in effect permanently until I initiate its termination by completing a Membership Change Form. I understand that if the bank or credit card company returns payment to the Greater Holyoke YMCA, the Greater Holyoke YMCA will charge me the current monthly billing rate plus a handling fee of \$10.00.

MEMBERSHIP CANCELLATION POLICY:

I understand that I may terminate my membership at any time. Termination must occur in person by the **last day** of the month to avoid an additional monthly fee. Memberships cancelled on or after the 1st day of the month will remain active until the end of that month and will then become inactive on the first day of the following month.

Initial: _____

OTHER MEMBRSHIP POLICIES:

- I understand the Greater Holyoke YMCA will terminate my membership if they do not receive payment for any returned drafts within (10) days of the return date.
- Membership cards are non-transferable. Allowing anyone to use your card may result in termination of membership.
- There will be a \$5 fee to replace a lost membership card.
- The Greater Holyoke YMCA reserves the right to terminate a membership if conduct or behavior contradicts our policies, procedures or code of conduct.
- The YMCA reserves the right to deny or terminate a membership of anyone deemed a danger to the safety of our members.
- I give permission for photos to be taken and my name to be used for advertisement purposes. If you **do not** want your photo used, please initial here: **Initial:** _____
- Membership policies, procedures and code of conduct are available in the Membership and Program Brochure provided to all members at time of joining.

CELL PHONE USE/VIDEO TAPING:

Due to advances in video equipment and telephone technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, wellness center, gymnasium or other areas generally deemed to be "private" within the Greater Holyoke YMCA facilities. The Greater Holyoke YMCA requests that all cell phone usage be reserved for lobby areas only.

Joining Fee	First Month Payment	Start Date	End Date	Amount Paid
Staff Initials	Notes:			