



Membership Application

*required fields

revised 12/11/2020

PRIMARY ADULT

_____ M _____ F
***First Name M.I. *Last Name *Date of Birth Gender**

_____ M _____ F
***Address *City *State *Zip Code**

_____ M _____ F
***Cell Phone Home Phone *E-mail**

_____ M _____ F
***Emergency Contact Name *Phone *Relationship**

 Employer & Work Phone (optional)

ADDITIONAL HOUSEHOLD MEMBERS

*Name	*Date of Birth	Gender	*Relationship	*Cell Phone
		M F		
		M F		
		M F		
		M F		
		M F		

_____ I have read, understand, and agree to abide by the YMCA's Waiver & Release, Code of Conduct, Facility Guidelines, Pool Policy, and all policies and guidelines, currently in place or hereafter enacted.

_____ I understand that unauthorized cell phones, cameras, PDAs & video recording devices are prohibited in all locker room areas unless used by medical, law enforcement, YMCA, or EMT personnel in emergency situations.

_____ I understand that photos/videos are occasionally taken and used for YMCA promotional purposes only (Facebook, website, printed materials, etc.). Further, I understand that if I do not wish to have my photo/video used I must sign the Photo/Video Opt Out form which can be obtained from Member Service staff.

_____ I understand that all memberships are non-refundable and all cancellations require a minimum 30-day notice. I also understand that as a courtesy, the YMCA will allow me to put my membership on hold once per year, for up to three months, at no cost.

Primary Adult Signature

Date

FOR OFFICE USE ONLY

Daxko ID: _____

Date: _____

Initials: _____

Raptor

Banking or Credit Card Information and Authorization

Monthly Draft Date 1st or 15th

Payment Type Checking Savings Visa MasterCard Discover American Express

Account # (last four digits) _____ Name of Bank _____

Print Name (as shown on bank records) _____

Credit Card # (last four digits) _____ Expiration Date ____ / ____ / ____

Name as it appears on card _____

Account Holder Signature _____ Date ____ / ____ / ____

(I have read and understand the payment agreement)

OFFICE USE ONLY

PAYMENT TERMS: _____ Bank draft _____ CC Draft _____ Monthly No Draft _____ 1 Year PIF _____ Other

MEMBERSHIP TYPE: _____ INSURANCE: _____

_____ % Reduced Membership- _____ Terminate Date _____ Staff _____ Volunteer _____ Membership Trade

Membership Plus _____ locker _____ towel Locker # _____ Trade company name _____

BANKDRAFT

Pro-rate (paid today): \$ _____

Enrollment Fee: \$ _____

Monthly draft amount: \$ _____

CK # _____ Cash Credit Card BD

Date ____ / ____ / ____ Staff _____

Voided check CC saved in Daxko

PAID IN FULL

Membership Fee: \$ _____

Enrollment Fee: \$ _____

CK # _____ Cash Credit Card BD

Date ____ / ____ / ____ Staff _____

Begin Date _____

Expiration Date _____

RENEWALS

FEE	PMT TYPE	DATE	EXPIRATION	INITIALS
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_____	_____	_____	_____	_____
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