



GRAND TRAVERSE BAY YMCA MEMBERSHIP APPLICATION

MEMBERSHIP TYPE *(Select one)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth 18 and under	Young Adult Ages 19-25	Adult Ages 26-59	Adult Couple Ages 18+, married or living in same household	Family Adult(s) + kids living in same household	Senior Age 60+	Senior Couple Both members age 60+

LOCATION

West (all access)

South

Central

MEMBER INFORMATION

ADULT	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	🚨 Emergency Contact
	🏠 Street Address			City	State	Zip	📞 Emergency Phone #
	✉ Email <i>(we need this to let you know about all the great things going on!)</i>			🏢 Employer		👤 Relation	
	☎ Primary Phone #		Text Alert Opt-In <i>(we will use this to let you know about relevant facility updates, program cancellations, registration deadlines, etc.)</i> Yes <input type="radio"/> No <input type="radio"/>				Veteran? <input type="radio"/> Active Military? <input type="radio"/>
ADULT	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	🚨 Emergency Contact
	🏠 Street Address			City	State	Zip	📞 Emergency Phone #
	✉ Email <i>(we need this to let you know about all the great things going on!)</i>			🏢 Employer		👤 Relation	
	☎ Primary Phone #		Text Alert Opt-In <i>(we will use this to let you know about relevant facility updates, program cancellations, registration deadlines, etc.)</i> Yes <input type="radio"/> No <input type="radio"/>				Veteran? <input type="radio"/> Active Military? <input type="radio"/>
D E P E N D E N T S	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary

WHAT ARE YOU INTERESTED IN? *(Select all that apply)*

<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Tennis	<input type="checkbox"/> Strength Training
<input type="checkbox"/> Spinning	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Swim Team
<input type="checkbox"/> Sports	<input type="checkbox"/> Family Recreation	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Triathlon Training
<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Basketball	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Child Care	<input type="checkbox"/> Becoming a board member	<input type="checkbox"/> Adult Programs	
<input type="checkbox"/> Coaching	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Master Swimming	
<input type="checkbox"/> Parent-Child Programs	<input type="checkbox"/> Other	<input type="checkbox"/> Pickleball	

SEX OFFENDER NOTICE *(Please read)*

The YMCA conducts regular sex offender screenings on 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.

STAFF USE ONLY

Adult First Name: _____ Adult First Name: _____ Adult First Name: _____ Adult First Name: _____
Staff Initials: _____ Staff Initials: _____ Staff Initials: _____ Staff Initials: _____

MEMBER CODE OF CONDUCT *(Please read)*

I have read, acknowledge and agree to conduct myself according to the Member Code of Conduct, which includes no using or possessing alcohol or illegal chemicals on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs; no smoking on YMCA property; no carrying or concealing a weapon or any device or object that may be used as a weapon; no harassment, intimidation or abuse by words (vulgarity, swearing, name-calling, shouting), gestures, body language, or any type of menacing behavior; no physical contact with another person in an angry, aggressive, or threatening way; no sexually explicit conversation or behavior; no inappropriate, immodest, or sexually revealing attire; no theft or behavior that results in the destruction or loss of property; no loitering within or on the grounds of the YMCA.

Print Name: _____ Date: _____

Signature: _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS *(Please read)*

Company Name: Grand Traverse Bay YMCA Bank
ID No.: 38-1709640

Draft Start Date: 1st or 15th
*Monthly drafts choose 1

I (we) hereby authorize the Grand Traverse Bay YMCA to initiate debit entries to my (our) checking account or savings account. The amount drafted will be the amount applicable to my membership category.

This authorization is to remain in full force and effect until the Grand Traverse Bay YMCA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Grand Traverse Bay YMCA and Depository a reasonable opportunity to act on it. It is also understood by me (both of us) that the Joiner Fee and first-month down payment are non-refundable.

I (we) understand that the Bank Draft Membership is a perpetual (continuous) contract and is automatically renewed on an ongoing basis. I (we) understand that to cancel my (our) Bank Draft Membership, written notice (no less than 30 days and no more than 90 days prior to cancellation) and return of my membership card(s) is required. I (we) understand the Grand Traverse Bay YMCA reserves the right to adjust the monthly rate applicable to my membership category and that they will give at least 30 days notice of any rate changes. I (we) understand with the monthly automatic draft membership, if a draft does not go through, a third party collection service may seek this payment and charge an additional fee. I (we) understand the Grand Traverse Bay YMCA reserves the right to cancel my (our) membership due to insufficient funds, and that I (we) are responsible for payment of these funds, plus any applicable NSF charge. If this occurs, the bank draft payment option will no longer be available to me (us). The Grand Traverse Bay YMCA is not responsible for any NSF charges from your provider.

Print Name: _____ Date: _____

Signature: _____

COVID

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and it is believed to spread mainly from person-to-person contact. Grand Traverse Bay YMCA has put into place significant and comprehensive preventative measures to reduce the spread of COVID-19; however, Grand Traverse YMCA cannot guarantee that you will not become infected with COVID-19 as a result of your entry into the Grand Traverse Bay YMCA facilities as a non-member guest.

Symptoms of COVID-19 include, but are not limited to: Fever, Fatigue, Dry Cough, Difficulty Breathing.

I understand that the Grand Traverse Bay YMCA cannot be held liable or responsible for any exposure to the COVID-19 virus.

Print Name: _____ Date: _____

Signature: _____