



YMCA of Western North Carolina  
**MEMBERSHIP APPLICATION**

Branch Number

YMCA Identification Number

Today's Month/Day/Year

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PRIMARY MEMBER NAME				BRANCH INFO			
Title (Mr., Ms., Dr.)	First Name	MI	Last Name	Which YMCA Facility do you and/or your family plan to use most of the time:			
<b>RESIDENCE</b>				<input type="radio"/> Asheville <input type="radio"/> Corpening (McDowell County) <input type="radio"/> Reuter (S. Buncombe County) <input type="radio"/> Neighborhood Y at Woodfin (N. Buncombe County)			
Street	City		State	Zip Code			
Home Phone ( )	Email						

EMPLOYER	
Company Name	Work Phone ( )

BACKGROUND	
Gender (please circle one) <b>Male</b> <b>Female</b>	Birthdate ____/____/____

The YMCA strives to provide memberships and programs to all who desire to participate. The following confidential questions enable us to better serve our members and our community. It is also necessary information as we apply to different funding sources for assistance. Answering the following questions is voluntary, but appreciated.

HOUSEHOLD INCOME	ETHNIC BACKGROUND
<input type="radio"/> Less than \$15,000 <input type="radio"/> \$15,000 to \$29,999 <input type="radio"/> \$30,000 to \$49,999 <input type="radio"/> \$50,000 to \$74,999 <input type="radio"/> \$75,000 or more	<input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> America Indian or Alaska Native <input type="radio"/> Asian or Pacific Islander <input type="radio"/> White or Caucasian <input type="radio"/> Other _____

EMERGENCY CONTACT	
Name	Phone Number ( )

PARTICIPATING MEMBERS		
Name (Last, if different)	BIRTHDATE	SEX
1.)	/ /	
2.)	/ /	
3.)	/ /	
4.)	/ /	
5.)	/ /	
6.)	/ /	
7.)	/ /	

INTERESTS	
I interested in receiving information about the following:	
<input type="radio"/> Youth Sports <input type="radio"/> Teen Programs <input type="radio"/> Child Care / Day Camp <input type="radio"/> Family Programs	<input type="radio"/> Volunteer Opportunities <input type="radio"/> Wellness <input type="radio"/> Aquatics <input type="radio"/> Adventure Programs

We rely on volunteers to help us achieve our mission. If you are interested in helping out, please list your areas of interests:

\_\_\_\_\_

How did you hear about our YMCA?

<input type="radio"/> Radio	<input type="radio"/> Newspaper	<input type="radio"/> Internet/Email	<input type="radio"/> School
<input type="radio"/> TV	<input type="radio"/> Mail	<input type="radio"/> Word of Mouth	<input type="radio"/> Do not know

Are you aware that the YMCA of Western North Carolina offers financial assistance for memberships and programs, so that no one is turned away due to the inability to pay?

Yes       No

MEMBERSHIP AGREEMENT
<ol style="list-style-type: none"> <li>YMCA Bank Draft is a continuous membership plan, It is my understanding that if I wish to terminate or change my membership in any way, I must give <b>written notice 30 days prior to my bank draft date.</b> Please initial: _____</li> <li>I understand there are no refunds given. It is my responsibility to check my monthly bank statement and report any corrections within 30 days to the YMCA. Please initial: _____</li> <li>The YMCA Board of Directors may adjust the monthly membership rate at any time. I understand 30 days notice will be mailed to the last address I have given to the YMCA. Please initial: _____</li> <li>Should any membership draft not be honored by my bank for any reason, I realize I am still responsible for that payment, plus a service fee applied by the YMCA. This is in addition of my bank's service fee. Please initial: _____</li> <li>Membership cards remain the property of the YMCA and must be surrendered upon demand. Please initial: _____</li> </ol>

OFFICE USE ONLY	
Membership / Payment Type <input type="radio"/> Youth <input type="radio"/> Teen <input type="radio"/> College <input type="radio"/> Adult <input type="radio"/> Family / Household    / <input type="radio"/> Bank Draft <input type="radio"/> Full Pay    Amount Paid \$ _____    Staff Initials: _____	

I hereby, for myself, my household, my family, heirs, executors and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina (YMCA) and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me, my household, or my family in connection with participation in YMCA activities and programs. I understand that the YMCA assumes no responsibility for injuries or illnesses which, I, my household or family may sustain as a result of our physical condition, or resulting from our observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses for myself, my household or family, which may result from participation in these activities. I also grant full permission to the YMCA to use any photographs, tape or video recordings taken of me, my household, or my family. I agree on behalf of myself, my household, my family with the YMCA policies and procedures and understand that my/our household membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Parent of legal guardian must sign if applicant is under 18 years.*



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**MEMBER INFORMATION**

Title (Mr., Ms., Dr.)	First Name	MI	Last Name
Street		City	State
Zip Code			
Home Phone ( )	Work Phone ( )		

**DRAFT AGREEMENT**

- Bank or credit card draft is CONTINUOUS, perpetual membership plan. My membership DOES NOT expire upon my request, unless I am receiving financial assistance. I understand there are no refunds given. It is my responsibility to check my monthly statement and report any corrections within 30 days to the YMCA. I also understand that I will not receive a statement or billing for my membership from the YMCA.
- It is my complete understanding that if I wish to cancel or change my membership in any way (including changes in my draft information), I MUST GIVE THE YMCA 30-DAY WRITTEN NOTICE PRIOR TO MY DRAFT DATE (forms are available at the Member Services Desk).
- Membership Cards remain the property of the YMCA must be returned upon cancellation of membership. I understand that I will receive temporary cards for the balance of time I have paid for or will be paying.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to any such change.
- Should my membership draft not be honored for ANY REASON, I realize that I am still responsible for that payment plus a \$30 service charge applied by the Federal Automated Recovery Systems (FARS). This is in addition to any service fee I may be charged by my financial institution. FARS will automatically electronically debit the account when funds become available. If payment is not received within 30 days, my membership will be terminated immediately. Once my past due balance is paid, my membership and draft will be reactivated.

*Signature:* \_\_\_\_\_ *Date* \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent of legal guardian must sign if applicant is under 18 years.

**OFFICE USE ONLY**

Membership \_\_\_\_\_ 
  Child Care \_\_\_\_\_ 
  Program(s) \_\_\_\_\_

Draft Amount \$ \_\_\_\_\_ Beginning Draft Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Checking     Savings     Voided Check Attached     Credit Card     Auth. Verified

Staff Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach Voided Check before Scanning