



MEMBERSHIP APPLICATION FORM

YMCA OF GREATER MONTGOMERY

Membership Type:

- Household
 Household +1
 Household +2
 Single Parent Household
 Adult
 Senior Adult
 Senior Couple
 Young Adult (19-25)
 Youth (12-18)

Primary Adult Member Information: (Must be an adult. Required for all memberships.)

Date: _____

Title: _____ First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: Cell Home _____ Email: _____

*Email will be used to inform you of the YMCA of Greater Montgomery events and updates and will not be sold or provided to anyone outside the YMCA.

Gender: Male Female DOB: _____ Age: _____ Race: _____ Marital Status: _____

*Email will be used to inform you of the YMCA of Greater Montgomery events and updates and will not be sold or provided to anyone outside the YMCA.

Emergency Contact: _____ Emergency Contact #: _____ Cell Work Home

Employer: _____ Work Phone: _____

Second Adult: (All discrepancies are subject to review.)

Title: _____ First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Gender: Male Female DOB: _____ Age: _____ Marital Status: _____ Race: _____

Phone: Cell Home _____ Work Phone: _____

Email: _____

First Additional Adult: (For Household + 1 Memberships) (All discrepancies are subject to review.)

Title: _____ First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Gender: Male Female DOB: _____ Age: _____ Marital Status: _____ Race: _____

Phone: Cell Home _____ Work Phone: _____

Email: _____

Second Additional Adult: (For Household + 2 Memberships) (All discrepancies are subject to review.)

Title: _____ First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Gender: Male Female DOB: _____ Age: _____ Marital Status: _____ Race: _____

Phone: Cell Home _____ Work Phone: _____

Email: _____

Household Dependents: (All discrepancies are subject to review.)

1. First Name: _____ MI: _____ Last Name: _____
 Gender: Male Female DOB: _____ Age: _____ Marital Status: _____ Race: _____
2. First Name: _____ MI: _____ Last Name: _____
 Gender: Male Female DOB: _____ Age: _____ Marital Status: _____ Race: _____
3. First Name: _____ MI: _____ Last Name: _____
 Gender: Male Female DOB: _____ Age: _____ Marital Status: _____ Race: _____
4. First Name: _____ MI: _____ Last Name: _____
 Gender: Male Female DOB: _____ Age: _____ Marital Status: _____ Race: _____

All members must follow the YMCA Member Code of Conduct, which is available for review at any facility. The YMCA is a membership organization and membership may be revoked by the YMCA at any time.

TO BE COMPLETED BY YMCA STAFF:

Home Branch	Unit Number	Corporate Group	Staff Member	Date
-------------	-------------	-----------------	--------------	------

Membership Waiver

1. In consideration for being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), I, on behalf of myself and my heirs, personal representatives, assigns and next-of-kin, do hereby agree to the following: Understand that the activities that I will be engaging in while I am in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I hereby accept full responsibility for, and risk of, any injury to myself or loss or damage to my property that may occur as a result thereof.
2. I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the "Releases") from all claims, demands, damages, losses and causes of action arising or resulting from any injury to myself or loss or damage to my property that may occur while I am in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.
3. I hereby indemnify and hold harmless the Releases from all loss, liability, damage, or cost they may incur due to my presence in or upon the premises of the YMCA or use of its facilities, services or equipment, or participation in any YMCA program or activity.
4. In the event of injury, I hereby authorize the Releases to provide or cause to provide such medical care and treatment to me as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment.
5. I further understand that if I fail to abide by the rules and regulations of the YMCA, I am subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees or other amounts paid to the YMCA. I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for the purpose of promoting or interpreting YMCA programs and activities.
6. I understand that by signing this agreement that the agreement, as an addendum, applies to both my original Membership Application agreement and my Member Addendum agreement.
7. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.
8. 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.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Adult Member's Signature: _____ Date: _____

Automatic Payment Authorization Form

Draft Account Holder's Name (as it appears on the card/account): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Monthly Draft Amount: \$ _____ Draft Date: 1st 16th

Checking Savings

Bank Name: _____

Routing Number: _____ Account Number: _____

Credit Card

Card Number: _____ Expiration Date: ____/____/____ CSV (3 digit): _____

Terms and Conditions:

1. To initiate this plan, I agree to pay the Joining Fee and Pro-Rated membership fee by cash, check, or credit card.
2. I understand that my Checking/Savings/Credit Card account will be charged on the 1st or 16th day of the month or the next official bank day.
3. I understand that there are no refunds given. It is my responsibility to check my monthly bank or credit card statement and report any discrepancies within 30 days to the Montgomery YMCA.
4. I understand that this membership will remain in effect until I cancel IN WRITING by completing a cancellation form and have surrendered any membership cards.
5. Should any membership draft/charge not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may charge. I am also responsible for notifying the YMCA of any changes made to my drafting information, including credit card expirations, checking account changes, etc. **As of February 1, 2019, any member who has a payment decline with NSF will automatically be ran over through our Payment Services and a \$30.00 return fee will be collected along with the return amount. If Payment Services has two failed attempts to collect the balance your membership will be terminated, and an outstanding balance will be added to your account.** In order to return your membership to good standing, you must pay any outstanding balances moving forward.
6. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a **30-day** written notice.
7. I understand that the YMCA reserves the right to increase membership fees as necessary and will notify me in writing at least 30 days prior to the increase at the address I have given.
8. Membership cards remain the property of the YMCA of Greater Montgomery and must be surrendered upon demand.

I AGREE TO THESE DRAFT TERMS AND AUTHORIZE THE YMCA OF GREATER MONTGOMERY TO DRAFT/CHARGE MY ACCOUNT/CARD.

Adult Member's Signature: _____ Date: _____