



Unicoi County Family YMCA Membership Application

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Date ____/____/____

PRIMARY MEMBER

Mr/Ms/Mrs	First Name	MI	Last Name	Birth Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____			Allow SMS Text? Yes No
Mailing Address		City	State	Zip
Phone	Cell Phone			
Email				
Employer				
Emergency Contact Name, Phone Number & Relationship				
Name		Phone		
Emergency Contact Relation to Primary				

CODE OF CONDUCT

Respecting the rights and dignity of others is the key to creating a safe, enjoyable family atmosphere. At the YMCA we take great pride in our ability and desire to service the needs of our members while exemplifying the mission, vision, and values.

- Always speak to others in a respectful tone
- Never use vulgar or derogatory language
- Never use physical or threatening gestures, words or actions
- Refrain from any intimate behavior or contact of a sexual nature
- Respect others' property and valuables
- All use and/or possession of tobacco products, alcohol, and illegal drugs are prohibited on YMCA property
- The Y maintains a family-friendly atmosphere. Please use discretion and proper etiquette in locker rooms at all times.

2ND ADULT MEMBER

MUST LIVE IN YOUR HOUSEHOLD

First Name	MI	Last Name
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Cell Phone	
Email	Employer	

DEPENDENTS

DEPENDENTS MUST LIVE IN YOUR HOUSEHOLD

First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
First Name	MI	Last Name	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race

Financial assistance is available for those who qualify

WAIVER

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). Effective immediately, I release the Unicoi County Family YMCA, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf.

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.

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 give my permission to the Unicoi County Family YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting YMCA programs on print, internet, social media, or other outlets. By providing my email address, I agree to receive email communication with the understanding that my email address and/or other personal information will never be sold or distributed.

Signature: _____ Date: _____

MEMBERSHIP AGREEMENT

If my membership dues are paid through credit card or electronic funds transfer, I understand this is a continuous membership plan. I must notify the Y in writing prior to my draft date (5th) if I wish to cancel my membership. A \$15 return fee will be charged for all refused debits.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues).

I acknowledge the waiver and membership agreement set forth above, and being in sympathy to and understanding the mission statement of the Unicoi County Family YMCA, hereby apply for membership. **Membership dues are not subject to refund.**

Signature: _____ Date: _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor pre-authorized Electronic Funds Transfers (or credit card charges) against my account for membership/program/contribution payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any pre-authorized EFT (or credit card) not be honored by said bank when received by them, it is then understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly payment (direct debit) from my Checking Account Savings Account

Bank Name _____

Name on Account _____

Routing/Transit Number _____

Account Number _____

Authorized Signature _____

Date _____

I choose to utilize the Credit Card Payment option for my monthly payment (automatic charge to credit card)

Credit Card Type VISA MC DISC AMEX

Last 4 digits of Card Number _____

Card Holder Name _____

Expiration Date _____

Authorized Signature _____

Credit Card Billing Address (If different than mailing address)

ANNUAL CAMPAIGN

Would you like to add a donation to your monthly draft to support our Annual Campaign?

Yes, please add \$_____ to my monthly draft to advance The Y's cause for youth development, healthy living, and social responsibility in my community.

Signature: _____

OFFICE USE ONLY

Membership Type	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	Initial Payment <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	Monthly Dues
Expiration Date			Monthly Amount \$_____
Membership Number			Staff Initials