



YMCA of WASHINGTON COUNTY IOWA

Membership Application

(Please print)

First Name, MI, Last Name,	Birthdate: Month/Day/Year / /	Circle: Male / Female
Address (Street & P.O. Box)	(City, State, ZIP)	Home Telephone # / Cell Phone #
E-Mail Address	Place of Employment	Work Telephone #
Emergency Contact (Name)	Relationship	Telephone #
Spouse, Last Name, First Name	Place of Employment/Work Telephone #	Birthdate: Month/Day/Year

Membership Branch:	Membership Type:
Kalona Washington Wellman	Basic Adult / Men's FC / Women's FC / Basic Family / Men's FC Family / Women's FC Family 2 Adult FC Family / Single Adult Family / Single Men's FC Family / Single Women's FC Family / Teen Youth / Senior / Senior Men's FC / Senior Women's FC / Senior Family / Senior FC Family / Social

Children	Date of Birth / /	M/F		Date of Birth / /	M/F
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

AUTHORIZATION OF BANK DRAFTS FOR MEMBERSHIP FEES

By signing this agreement, I authorize the YMCA of Washington County to deduct my membership dues from my:

Checking (voided check must attached)
 Savings

Routing # _____ Checking # _____

Bank name _____ Monthly amount _____

Monthly memberships: I understand my account will be deducted on the 18th of each month to pay my membership for the following month. I understand my account will be deducted monthly until I submit written termination.

A WRITTEN TERMINATION NOTICE MUST BE SUBMITTED BY THE END OF THE MONTH PRIOR TO THE 18TH WITHDRAWAL.

If my membership draft is not honored by my bank, I understand I am still responsible for payment to the YMCA. A \$25 service fee will be charged on all returned bank drafts. If 2 consecutive drafts are returned, membership will be revoked until all charges are paid in full.

When there are membership rate changes, the YMCA of Washington will provide a 30 day written notice.

I understand that all payments are non-refundable and non-transferable.

SIGNATURE _____

DATE _____

The YMCA works hard every day to promote and model the important character values of Caring, Honesty, Respect and Responsibility through it's programs, services, staff and volunteers. The safety and security of our members is of the utmost importance.

Responsibilities and Releases:

Membership Card – I understand that I must present my membership card for admission and cards are non-transferable. Abuse of membership card or violations of Code of Conduct may result in suspension/termination of membership.

Code of Conduct– The YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Conduct detrimental to the association and/or in disregard of YMCA member policies and practices may result in suspension and/or termination of membership privileges.

Liability – I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities.

Photo Release – I give permission to the YMCA of Washington County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting YMCA programs.

Member privacy – The Y takes necessary precautions to keep your personal information private. A copy of our External Privacy Policy is available at member request.

***For your safety, the YMCA conducts Sex Offender Screenings. Anyone that appears on the Sex Offender Registry is NOT eligible for a YMCA Membership.**

SIGNATURE _____ Date _____

DRIVER'S LICENSE# _____ STATE ID# _____ MILITARY# _____
(if no driver's license)

___ Membership Card & Pix ___ Membership Packet ___ Guest Passes Given ___ Copy Given New Member

OFFICE USE ONLY	
Join date ____/____/____	
Payment option:	Join Fee \$ _____
_____ Monthly Bank Draft	Membership Amount \$ _____
_____ Semi Annual	Past Due or Credit \$ _____
_____ Annual Full Pay	Locker Fee \$ _____
Scholarship Amount _____ % (\$ _____)	Staff signature _____