



YMCA OF WASHINGTON COUNTY

Membership Application

(Please print)

First Name, MI, Last Name,	Birthdate: Month/ Day /Year / /	Gender:
Address (Street & P.O. Box)	(City, State, ZIP)	Home Phone #
Cell Phone#	E-Mail Address	Work Phone #
Emergency Contact (Name)	Relationship	Phone #

Membership Branch: <input type="checkbox"/> Washington <input type="checkbox"/> Kalona <input type="checkbox"/> Wellman	Membership Type:			
	<input type="checkbox"/> Basic Adult	<input type="checkbox"/> Women's FC	<input type="checkbox"/> Single Adult Family	<input type="checkbox"/> Senior Family
	<input type="checkbox"/> Basic Family	<input type="checkbox"/> Men's FC	<input type="checkbox"/> Single Men's FC Family	<input type="checkbox"/> Senior Men's FC
	<input type="checkbox"/> Teen	<input type="checkbox"/> Women's FC Family	<input type="checkbox"/> Single Women's FC Fam.	<input type="checkbox"/> Senior Women's FC
	<input type="checkbox"/> Youth	<input type="checkbox"/> Men's FC Family	<input type="checkbox"/> 2 Adult FC Family	<input type="checkbox"/> Senior FC Family
<input type="checkbox"/> Senior	<input type="checkbox"/> Non – member	<input type="checkbox"/> Social		

Spouse:	Date of Birth / /	Gender	Email:	Cell Phone#
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Children:	Date of Birth / /	Gender	Date of Birth / /	Gender
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	

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 be 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.

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.

Membership rates are subject to change. Notice of rate change will be posted 30 days in advance.

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 our 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. The full membership policy document is available on our website and is also included in the new member packet.

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 who is listed on the Sex Offender Registry or convicted of a felony against a minor is NOT eligible for a YMCA membership, day pass privileges, volunteer privileges or permitted to rent a YMCA facility.**

SIGNATURE _____ Date _____

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

OFFICE USE ONLY	
Join date ___/___/___	
Payment option:	
___ Monthly Bank Draft	Enrollment Fee \$ _____
___ Semi Annual	Pro-rate Fee _____
___ Annual Full Pay	Membership Amount _____
	Past Due or Credit _____
___ Facility Access 24/7 ___ Membership Card & Pix ___ Membership Packet ___ Guest Passes Given	