



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FAIR ACRES FAMILY YMCA MEMBERSHIP APPLICATION

MEMBERSHIP TYPE - CIRCLE ONE						
(0-18)	(19-23)	(24-54)			(55+)	(Both 55+)
Youth	Young Adult	Adult	Household	Household +1	Senior	Senior Couple

Primary Name: _____ Birthdate: _____ Gender: _____

Additional household members to be included on membership. (Household is husband, wife, and all dependents 18 and younger, 1 additional household member over the age of 18 may be added with proof of residency on the Household +1)

Name: _____ Relation: _____ Birthdate: _____ Gender: _____

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Name: _____ Relation: _____ Birthdate: _____ Gender: _____

Name: _____ Relation: _____ Birthdate: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Main Phone: _____ Spouse's Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Spouse's Employer: _____ Work Phone: _____

Emergency Contact Name: _____ Monthly EFT or Credit Card Draft

Emergency Contact Phone Number: _____ Semi-Annual Pay in Full

How did you hear about the YMCA? _____ Annual Pay in Full

*See back for waivers

Are you interested in Volunteering at the YMCA? _____

Interests? (Check as many as apply): Fitness Classes Aquatics Youth Programs Senior Programs

Pickleball Volleyball Childcare 24-hour Access

Free Y's Personal Fitness 12-week program

By signing this form, I (we) agree to follow the rules and policies of the YMCA. I understand that the YMCA does not carry accident insurance and agree to use my personal insurance as needed. I agree not to hold the YMCA or it staff, Board of Directors, volunteers, or sponsors responsible for injuries or accidents. I authorize the YMCA to obtain medical care in the event of an injury or accident if a family member is unavailable to give permission. I give my permission to the Fair Acres Family YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include image or voice for purpose of promoting or interpreting YMCA programs. **I understand the YMCA memberships are non-transferable, and in order to cancel my bank draft/credit card charge I must give a 30-day written notice to the YMCA.**

Signature: _____ Date: _____

Monthly Bank Draft (EFT) or Credit Card Payment Plan

I agree to the following:

1. First month's dues must be paid at time of application and will be prorated to the end of the month.
2. Bank draft (EFT) or Credit Card membership is a continuous, ongoing membership until the YMCA receives written cancellation notice.
3. Membership dues will be drafted on the 15th of each month.
4. Member agrees to monitor personal bank account to make sure sufficient funds are available to meet monthly payment obligation, and in event he/she terminates membership, will monitor account to make sure payments are stopped as per written cancellation agreement.
5. Fair Acres Family YMCA reserves the right to cancel my membership services without notice in the event 2 months of membership dues are unable to be collected. I understand I will be held responsible for uncollected dues.
6. YMCA reserves right to make any necessary rate adjustments at any given time. The Fair Acres Family YMCA will issue a 30 day email notification.
7. There will be no refund of membership dues already paid.

Signature: _____ Date: _____

Semi-Annual or Annual Payment Plan

I agree to the following:

1. Dues will be paid in full semi-annually or annually.
2. Full payment dues must be paid at the time of application.
3. If the membership is cancelled or allowed to lapse more than 30 days, the joiner fee must be paid to reinstate my membership.
4. I understand that my membership can be cancelled with a 30 days written notice.
5. There will be no refund of membership dues already paid.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

New Member Rejoin Temp Membership Type: _____ Unit Number: _____

Billing Method: Bank Draft Credit Card Draft Pay in Advance Payroll Deduction Insurance

Billing Cycle: Monthly Semi-Annual Annual

Joiner's Fee: _____ Prorated Amt. Paid: _____ Received by: _____ Date: _____
