



Application for YMCA Membership

YMCA: _____ Join Date: _____ Full Pay E.F.T.
 Other: _____

Type of Membership: Household 2Person Household Adult Youth. Other: _____

(01) Spouse First Name _____ MI _____ Last _____ M F

(02) Spouse First Name _____ MI _____ Last _____ M F

Address _____ Birth Date ____ / ____ / ____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ E-mail Address _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Household Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						
08						

To help us serve you better, please fill out the following information. This information is kept confidential.

How did you hear about the Y? Newspaper TV Radio YMCA Brochure Member
 Other: _____

What are looking to do most at the Y?

Income Level of Household: Under \$30,000 \$30,001 to \$50,000 \$50,001 to \$70,000
 \$70,001 to 100,000

Ethnicity: Asian African-American Hispanic Latino Caucasian Other:

The YMCA is a volunteer-driven organization. We utilize volunteers in programs like YMCA Youth Super Sports, special events like YMCA Healthy Kids Day, and facility projects like Annual Spring Clean-up. We can certainly use your help.

Would you like a staff member contact you regarding volunteer opportunities at this time? Yes No

If yes, what special skills do you have?

(e.g. carpenter, coaching, plumber)

What area are you interested volunteering in?

(e.g. youth sports coach, facility, special events)

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook. **All full-pay memberships are non-refundable.** _____(Initial)

Signature _____ Date _____

Mansfield Area Y
EFT (Electronic Funds Transfer) Agreement

- 1) I understand EFT is a continuous membership plan. I understand that my membership will automatically renew on my renewal date.
- 2) It is my complete understanding that if I wish to terminate my continuous membership, I must give the Mansfield Area Y 30-days written notice and return all membership cards with the cancellation notice. My account will be drafted one last time and temporary membership cards will be used for the final month.
- 3) The Mansfield Area Y Board of Trustees may, at their discretion, adjust the monthly rate of my membership category. I understand that I will receive at least four weeks notice prior to the adjustment.
- 4) My EFT day each month will be on the 15th. If the 15th falls on the weekend or a bank holiday, the draft day will be the Friday before the 15th.
- 5) If changes need to be made to my membership, I must have made all changes made by the 10th of the month.
- 6) Should my bank/credit card for any reason not honor a membership draft, I realize that I am responsible for that payment.
- 7) I understand that if I wish to change the account from which my draft is being withdrawn, I need to contact the Membership office Monday-Friday between the hours of 8:00am and 5:00pm.

Date _____

Monthly Deduction _____

Member's Signature _____ Staff Initials _____