

GREATER JOLIET AREA YMCA

Membership Application



EVERYONE IS WELCOME

Please complete the information below. A valid Photo ID and proof of residency is required for all adults.

Check the Branch you will use the most: C.W. Avery Galowich Morris Smith

How did you hear about the Y? E-mail Internet Radio Mailing Newspaper Employer Member Friend/Family Other _____

Primary Adult: _____
(Please print first name, middle initial, last name)

Birthdate: _____ Male Female

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Other Phone: _____

Employer: _____

Your ethnic background: Native American Hispanic Asian
 African American Caucasian Other _____

Additional Adult: _____
(Please print first name, middle initial, last name)

Birthdate: _____ Male Female

Relationship to Primary Adult:

Spouse Child Parent Sibling Other _____

E-mail: _____

Phone: _____

Employer: _____

Your ethnic background: Native American Hispanic Asian
 African American Caucasian Other _____

Additional Adult: _____
(Please print first name, middle initial, last name)

Birthdate: _____ Male Female

Relationship to Primary Adult:

Spouse Child Parent Sibling Other _____

E-mail: _____

Phone: _____

Employer: _____

Your ethnic background: Native American Hispanic Asian
 African American Caucasian Other _____

Children's/Additional Dependents (under the age of 26)

Names: (Please print first name, middle initial, last name) _____ **Birthdates:** _____
 Male Female

Relationship to Primary Adult: Child Sibling Other _____

_____ Male Female

Relationship to Primary Adult: Child Sibling Other _____

_____ Male Female

Relationship to Primary Adult: Child Sibling Other _____

_____ Male Female

Relationship to Primary Adult: Child Sibling Other _____

_____ Male Female

Relationship to Primary Adult: Child Sibling Other _____

Who to contact in case of an emergency (other than those listed above):

Name: _____ Contact Number: _____

Relationship to Primary Adult: Spouse Child Parent Sibling Friend Other _____

Membership Agreement:

For myself, and the other individuals listed on this Membership Application (if any), and my/our respective heirs, executors, and administrators, it is agreed as follows:

- I/We hereby make application to be enrolled as a member of the Greater Joliet Area YMCA and to cooperate with others in the accomplishment of the YMCA's accepted purpose.
- I/We recognize the fact that membership embraces all types of members and involves identification with a world-wide fellowship.
- I/We give my permission to the YMCA to use all photos, videos, voice, and images taken of me/us both in print and on the internet for the purposes of promoting YMCA programs and services. This may be done by the YMCA or an outside group that the YMCA has agreed to work with in the publicity of their programs.
- I/We understand 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/We specifically assume all risks of injury arising out of my/our presence on or about the premises, or my/our use of or intended use of equipment or facilities, or my/our participation in the activities of the YMCA (an Illinois chartered not-for-profit corporation) on or about the premises or at another location.
- I/We waive, release, and forever agree to hold free from all claims for liability or damages arising out of, or in connection with my/our participation in YMCA activities and/or use of YMCA facilities, the Greater Joliet Area YMCA, and its respective officers, Trustees, Board of Directors, members, employees or agents.
- I/We hereby do declare myself/ourselves to be physically sound, and that I/We have medical approval to participate in the physical activities of the YMCA.
- I/We agree to abide by the Greater Joliet Area YMCA's Member Code of Conduct.

I have answered all questions on this application accurately and have read the information above agreeing for myself, and as a chosen representative for my family to the policies and procedures of the Greater Joliet Area YMCA. I am aware that membership fees are non-refundable unless overcharged in error. If fees charged were too low based on incorrect information, services will not start until the balance is paid and no refund will be available. A thirty day period will be allowed to arrange for final payment.

Primary Adult Signature: _____

Date: _____

BILLING AGREEMENT

- 1. Joiners Fee:** The Joiners Fee is non-refundable and may be paid in full by cash, EFT or credit card (Visa, MC or Discover). Payment plans are available. Those who cancel with a Joiners Fee balance, will be drafted the remainder with their last membership payment.
- 2. Membership Fees:** Your monthly dues of \$_____ are electronically withdrawn on the 15th or 28th of the month. Your first draft day will be ___/___/____. At the time of registration, you will pay a prorated amount to begin the membership. You may change the type of membership you have at any time by requesting the change in writing ten days prior to your draft date. Changes will be effective on your next scheduled draft and additional membership and/or Joiners Fees may apply.
- 3. Electronic Funds Information:** Your membership fees will be electronically deducted from:
 Checking Account **Credit Card**
Last four digits of routing number: _____ Last four digits of account number: _____
Last four digits of account number: _____ Expiration Date: _____

It is your responsibility to keep the YMCA informed of any changes to your account information. The YMCA requires notification at least 10 days prior to your draft date or you may incur an administrative/return fee up to \$25.

- 4. Rate Changes:** Membership rates are subject to change at any time with approval by the Greater Joliet Area YMCA Board of Directors. All rate changes will be communicated to members in writing.

I HAVE READ THE ABOVE INFORMATION ABOUT THE Y's BILLING AGREEMENT AND UNDERSTAND THE PROCESS AND MY RESPONSIBILITIES.

Name of Account Holder

Signature of Account Holder

Date

CANCELLATION POLICY

- 1. YOU MUST REQUEST CANCELLATION OF YOUR MEMBERSHIP IN WRITING.** You may fax, e-mail, mail your written notice, or visit your branch. Your written cancellation request must be received by the YMCA **ten days** prior to your next billing cycle. If your request is received less than ten days prior to your scheduled billing date, your account will be drafted for that month. ***Memberships cancelled by the YMCA due to unpaid fees or failure to properly cancel will result in a \$10 processing fee.***
- 2.** If a payment is returned for any reason (NSF, declined credit card, etc.), a \$25 return fee will be assessed. If payment has not been electronically collected after 30 days and a maximum of two attempts, payment may be made at the branch. If membership fees remain uncollected, the membership may be terminated. The primary member (and any additional people on the membership) will no longer be able to participate in programs or use the facility until the outstanding balance has been paid and the membership has been reinstated.

I HAVE READ THE ABOVE INFORMATION ABOUT THE Y's CANCELLATION POLICY AND UNDERSTAND THE PROCESS AND MY RESPONSIBILITIES.

Signature of Primary Adult

Date

SUPPORT THE ANNUAL CAMPAIGN

At the YMCA, no one is turned away for the inability to pay. We maintain this commitment thanks to gifts from donors like you. Your tax-deductible gift to our YMCA helps teach children to swim, gives seniors a place to connect with others and build strength, provides families with a place to grow together, and allows children to experience stability and the joy of learning in our care.

YES! I/We want to support the YMCA Scholarship Fund with a tax-deductible gift of:

\$25 \$50 \$100 \$200 \$500 Other Amount _____

Payment Information: Check Cash
 Membership Payment method on file: One-time Monthly

For more information, please contact Annual Giving Manager Brittney Halliday at (815)782-0809 or via email at bhalliday@jolietyymca.org.

Membership #: _____ Staff: _____ Date: _____

MBR Type Code: _____ Exp Date: _____