



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION

Date: ___/___/___

NAME _____ Male Female **Birthday** ___/___/___
 Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Home Phone _____ Email _____
 Employer _____ Work Phone _____

EEO Code: The following information is used for EEO guidelines and to ensure we are meeting the needs of the community.

Household Income Level (Please check one.)

1. Under 10,000 2. 10,001-20,000 3. 20,001-30,000 4. 30,001-50,001 5. 50,001-75,000 6. 75,000+

Ethnicity (Please check one.)

1. Asian 2. African American 3. Hispanic 4. Native American 5. Caucasian 6. Other

Spouse Information (If applicable.)

Name _____ Male Female **Birthday** ___/___/___
 Employer _____ Work Phone _____

Dependents (If applicable.)

Name _____ M F **DOB** _____ **Name** _____ M F **DOB** _____
Name _____ M F **DOB** _____ **Name** _____ M F **DOB** _____

Primary Facility (Your primary facility is the branch you use most often.)

- Lebanon Family YMCA Dallas County Area YMCA
 Roy Blunt of Bolivar Cassville YMCA Pat Jones YMCA Downtown YMCA Men's Fitness Center Ozark Mountain Family YMCA Monett Area YMCA

MEMBERSHIP TYPE

- Youth (child ages 6-18) Individual Adult Senior (individual 60 years or older)
 College Student (must be enrolled in 12+ credit hours and must provide transcript) Senior Couple (married couple, one of which is 60 years or older)
 Family (If applying with a spouse, couple must be legally married) Corporate Membership (Please mark membership type above)

MEMBERSHIP AGREEMENT

NOTE: CONTAINS A RELEASE AND WAIVER OF LIABILITY

In consideration for Ozarks Regional YMCA ("The Y") agreeing to allow me to use facilities and services of the Y, I, agree to the following:

I am fully aware of the risks inherent in the physical activities and programs at the Y, and I agree to only engage in and only permit my family members to engage in activities and programs at the Y which are appropriate for me and my family.

I will indemnify, defend, and hold harmless the Y and its agents, officers, employees, and volunteers for any claims against them as a result of any use of Y facilities and programs by me or my family.

I consent to the Y using, for publicity and promotional purposes, the names and photographs of me and my children, participating in any Y program.

The laws of the State of Missouri shall govern this Agreement. Jurisdiction and venue of any legal action regarding this Agreement shall be exclusively in the Circuit Court of Greene County, Missouri.

If any provision of this Agreement is held to be unenforceable or void, the remaining provisions shall remain in force and effect.

This Agreement and the Membership Application contain the entire agreement between me and the Y and is contractual and not a mere recital. The Y reserves the right to make any modifications, amendments, or waivers upon written notice.

I am aware the Y is a membership organization, our members represent the ownership of our organization. Therefore, **membership is for a minimum of one year.**

I have read and understand the terms and conditions of this Agreement.

I am above the age of 18 years. Date: ___/___/___ _____ **(Signature)** _____ **(Print Name)**

BANK DRAFT AND DEBIT / CREDIT CARD AGREEMENT

Monthly Membership Fee of \$ _____ + *Strong Kids Contribution \$ _____ + Locker/Laundry = Total Monthly Draft of \$ _____

*We are a non-profit organization that believes no one should be denied membership or program participation due to the inability to pay. Our Annual Strong Kids Financial Assistance Program along with the United Way provides financial assistance, to those in need, for up to 70% of program and/or 80% membership cost.

Name of Bank _____ Bank Routing No. _____ Checking Savings
 Depositor's Account No. _____ Credit Card Visa Master Card Discover AMEX

Account Number _____ Expiration Date _____

Bankdraft payment plan is a continuous membership payment draft and it will continue unless the Y is notified in writing by the 7th of the corresponding month.

Membership rates are subject to change and you will be notified in writing prior to any membership adjustments.

_____ [member initials] **PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION**

ELECTRONIC WITHDRAWAL

I elect to pay my membership monthly and, hereby authorize the bank noted during registration to remit monthly drafts drawn by the Y on the account filled in, or through the credit card entered during registration.

I understand that membership drafts will continue until I provide written authorization to cancel the draft.

When the bank/credit card company honors the draft by charging my account, such drafts constitute my receipt for payment. In the event that my draft payment is returned unpaid, it will be collected electronically. I understand that my account will also be charged for a collection service charge of **\$25** (or the maximum amount allowed by law) and that I will be responsible for any other associated collection costs.

Authorized Bank Account or Card Holder Signature _____ Date: ___/___/___

The Y is a membership organization, our members represent the ownership of our organization. Therefore, membership is for a minimum of one year.

OFFICE USE ONLY

Amount Received \$ _____ Receipt Number _____ Staff Name _____ Paid by Cash Check Charge

