



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF THE INLAND NORTHWEST MEMBERSHIP APPLICATION

Central YMCA     Valley YMCA     North YMCA

Youth     Young Adult     Adult     2 Adult Family     1 Adult Family     Senior Adult     Senior Adult Family

### ANNUAL CAMPAIGN DONATION

Your generous contribution to the Annual Campaign supports children and families in our community. I want to help those in need participate in YMCA activities through my following gift:

\$25     \$15     \$10     \$5     Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

One Time Payment     Monthly Draft  
(occurs on the 21st of each month for the remainder of the year)

<b>PRIMARY MEMBER</b>				<b>ID NUMBER:</b> _____	
First Name		Middle	Last Name		
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Preferred email	
Street					<input type="checkbox"/> Please send me emails about YMCA programs and events
City					Apt/Unit #
State		Zip	Home Phone ( )		Cell Phone ( )
Employer Name			Position/Occupation		Work Phone ( )
<b>2nd ADULT MEMBER</b> or Parent/Guardian for applicants under 18 years					
First Name		Middle	Last Name		
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Preferred email	
Street					<input type="checkbox"/> Please send me emails about YMCA programs and events
City					Apt/Unit #
State		Zip	Home Phone ( )		Cell Phone ( )
Employer Name			Position/Occupation		Work Phone ( )
<b>DEPENDENTS</b>					
First Name	MI	Last Name	Date of Birth	Gender	Relationship to Primary Adult Member
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
<b>EMERGENCY CONTACT</b> (Other than in your household) Required for all memberships		First Name			Phone ( )

Please complete reverse side

## CONDITIONS OF MEMBERSHIP

**YMCA Financial Assistance:** The YMCA of the Inland Northwest welcomes people of all socioeconomic backgrounds. The Y makes every effort to ensure that no person, especially youth, will be denied access to programs because of financial hardship.

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in group exercise and other exercise, weight training, recreational sports and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of the Inland Northwest assumes no responsibility for any such injury or illness.

**Membership Code of Conduct:** Violation of the YMCA code of conduct may result in suspension or in some cases, termination of YMCA membership. The following is prohibited:

- The use of foul language, abusive actions or any other inappropriate behavior
- Physical contact with another person in an angry, inappropriate or threatening way.
- The use of drug, alcohol, weapons and tobacco (including e-cigarettes) on the premises
- Stealing or behavior which results in destruction of property
- Certain felony convictions may result in termination of YMCA membership.

**Property Loss:** The applicant(s) understands that the Y is not responsible for personal property lost, damaged or stolen while using the Y facilities, including but not limited to locker rooms, parking lots, or participating in Y programs.

**Photograph Permission:** The applicant(s) hereby gives permission for the Y to use, without limitation or obligation, photographs, video footage or tape recordings which may include the applicant(s) (including minors on the membership) image or voice for purposes of promoting or interpreting Y programs.

**Insurance:** The applicant(s) understands that the Y does not provide any accident or health insurance for its members or participants and further understands it is the applicants' responsibility to provide such coverage.

**Medical Treatment:** The applicant(s) gives permission for Y staff or volunteers to provide emergency first aid.

**Selling of Goods:** The selling of goods and services is strictly prohibited on YMCA property and/or program locations. This includes but is not limited to personal training and flyers left on vehicles on YMCA property.

**Email:** By providing your email you will receive Member eNewsletters, Member Satisfaction Surveys and other Program Notices as applicable.

### CHANGE OF PAYMENT ACCOUNTS

Any changes to the membership account must go through Member Services and be accompanied by the proper paperwork by the 16th of the month.

The authority to draft membership accounts is to remain in full force and effect until the YMCA of the Inland Northwest has received written notification from the PRIMARY OR SECONDARY ACCOUNT HOLDER of its termination (signature required).

**MEMBERSHIP RATE CHANGES** - We will make reasonable efforts to notify members prior to rate changes. Membership For All rates are calculated off standard membership rates and standard membership rates are subject to change.

**FAILED DRAFT FEES** - All failed drafts are subject to a \$20 service fee.

I agree that I am liable for the terms of this payment plan, and will promptly settle draft payments not honored. \_\_\_\_\_

### CANCELLATION OF MEMBERSHIP

TO CANCEL, please notify YMCA Member Services in writing to stop charges and stop membership, NO LATER THAN the 16th of the month.

**Release of Liability/Participation:** I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me, and if applicable, other adults and youth on my membership to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA of the Inland Northwest, its employees, its board members, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

**The Conditions of Membership are non-negotiable**

**Signature of All Members Age 18 or Older or Signature of Parent/Guardian of Applicants under 18**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**How did you hear about the Y?** \_\_\_\_\_

### OFFICE USE ONLY

- New Member Packet
- Photo ID Check
- Financial Agreement
- Wellness Orientation
- Membership Cards
- Tour
- Interview

ID Number: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Member Dues: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Joining Fee: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Annual Campaign Gift: \_\_\_\_\_

Staff Name: \_\_\_\_\_