



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST MEMBERSHIP APPLICATION

- Please select a membership type:**
- Youth (12-18)
 - Senior (62+)
 - YMCA Staff
 - Young Adult (19-24)
 - 1 Senior Family
 - Other _____
 - Adult (25-61)
 - 2 Senior Family
 - 1 Adult Family
 - 2 Adult Family

*Family is defined as one or two adults and their dependents who are under the age of 19.

- Central YMCA
 North YMCA
 South YMCA
 Valley YMCA

PRIMARY MEMBER						ID NUMBER: _____
First Name			Middle	Last Name		
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Home email		<input type="checkbox"/> Please send me emails about YMCA programs and events
Street					Apt/Unit #	
City		State	Zip	Home Phone ()		Cell Phone ()
Employer Name			Position/Occupation		Work Phone ()	
2nd ADULT MEMBER 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		Home email		<input type="checkbox"/> Please send me emails about YMCA programs and events
Street					Apt/Unit #	
City		State	Zip	Home Phone ()		Cell Phone ()
Employer Name			Position/Occupation		Work Phone ()	
DEPENDENTS						
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		
EMERGENCY CONTACT (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.

Member Conduct and Right to Use Facility: The applicant(s) agrees to behave in a manner which reflects the YMCA's core values of Caring, Honesty, Respect and Responsibility at all times. In addition, they agree to follow instructions from YMCA staff and management.

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.

CHANGE OF PAYMENT ACCOUNTS

Any changes to accounts must be activated with NEW account information (voided credit slip/voided check, etc.) and an authorized (signed) NEW agreement by the 9th 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.

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. _____

ALL NEW MEMBERSHIPS received between the 1st and 9th of the month, will have payment drafted on the 21st of the same month.

CANCELLATION OF MEMBERSHIP

TO CANCEL, please notify YMCA Member Services in writing to stop charges and stop membership, NO LATER THAN the 9th of the month. If the notification arrives after this date, the regular draft will occur on the 21st of the month and the cancellation will be effective the following 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: _____
Date Entered: _____
Staff Name: _____
Joining Fee: _____
Member Dues: _____
Total Paid: _____

ANNUAL CAMPAIGN DONATION

Annual Campaign Donations provide scholarships for financially-challenged youth and families. I want to support the Annual Campaign by adding the following amount to my monthly bank draft.

\$25 \$15 \$10 \$5 Other _____

Signature Date