



GREATER VALLEY YMCA Membership Application

Membership Type: Membership ID Number: _____

Adult Family Single Adult Family Active Older Adult Couple
 Active Older Adult Youth (13 & under) Tivity/HPP
 College Teen (14-18) Other: _____

PLEASE PRINT

Today's Date: _____

Primary: First Name _____ MI _____ Last Name _____

Gender: M ___ F ___ Date of Birth: ___/___/___ Email Address: _____

Address: _____ Apt # _____

City _____ State _____ Zip Code: _____ Primary Phone: _____

Emergency Contact Name: _____ Primary Phone: _____

Employer Company Name: _____ Primary Phone: _____

Would you like to rent a locker? Yes or No

Locker Number: _____

How did you hear about the Y? Friend ___ Newspaper ___ Member ___ Brochure ___ Mailing ___ Social Media ___
 Employee ___ Former member ___ Other ___

ADDITIONAL MEMBERS

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____

**** All members on the membership MUST reside at the same address. Proof of residency by valid photo ID required (adults 18 and over) ****

PLEASE READ AND SIGN THE WAIVER AGREEMENT ON THE REVERSE SIDE

OFFICIAL USE ONLY

Membership Type: _____
 Receipt Number: _____
 Locker #: _____ Combination: _____
 Health Participant Number: _____ - _____ - _____ - _____

Staff Initials: _____
 Branch: _____
 Payment Info Listed: _____
 Initial Payment RCVD: _____

GREATER VALLEY YMCA Membership Agreement

1. I hereby authorize the Greater Valley YMCA to initiate debit transactions to my account as indicated below. I authorize that the bank account information submitted is accurate & that faulty information is means for immediate termination of membership privileges.
2. Minimum 90 day membership.
3. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a minimum 15 day written notice prior to my assigned withdrawal date.
4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to any such change.
5. Should any monthly draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus any service charge applied by the YMCA. This is in addition to any service fee my bank may assess I also understand I/my family will be denied access to the facilities until the balance is paid. A \$25 YMCA return fee will be assessed as well.
6. I agree that the Y shall not be responsible for any personal injuries or losses sustained by me/my family while on any Y premises, or as a result of any Y sponsored activities. I further agree to indemnify and hold harmless the Y for any claims or demands arising out of any such injuries or losses.
7. I have received a copy of the Member Handbook, and fully understand all of the policies and terms of the membership. If at any time I fail to follow the guidelines set forth by the YMCA, the YMCA may terminate my membership without any form of refund.
8. I understand that the Y may use my or my family's photos for promotional and marketing materials. I agree to allow pictures, video and audio tapes of myself/family members for promotional and marketing materials for no compensation.
9. 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.

Signature of Applicant/Legal Guardian: _____ Date: _____

I am the Mother/Father/Legal Guardian of _____ (minor child/ren listed on the application). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

The Greater Valley YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the YMCA facilities or are on the premises.

TERMS AND CONDITIONS

The Greater Valley YMCA reserves the right to revoke the membership privilege of any person who does not adhere to the facility policies, misuses the Y property and/or who engages in conduct which is abusive, illegal, disruptive or poses a threat to the safety of others.

BANK DRAFT

CREDIT CARD DRAFT

**STAPLE COPY OF
VOIDED CHECK
HERE.**

Name on Card: _____

Card Type : _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

ITEM TO BE DRAFTED

AMOUNT

Membership Type : _____

\$ _____

Locker Rental: _____

\$ _____

Other: _____

\$ _____

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that there is a minimum 3 month membership commitment and that I must submit a 15 day written notice to cancel my membership and associated billing.

Account Holder Signature: _____

Date: _____