



**Garden City YMCA
Membership Application**

For Office Use Only

Scholarship _____ Corporate _____ Regular _____

Renewal Date _____ Membership Type _____

Member ID _____

Date _____

Name _____ Sex M/F _____ Age _____
 Address _____ Birth Date ____ / ____ / ____
 City _____ Home Phone () _____
 Employer/School _____ Work Phone () _____
 Social Security # _____ Email Address _____

Complete This Area if Membership includes Family Members (up until the age of 21)

First Name, Middle Initial, Last Name	Relation to Appl.	M/F	Age	Birthdate
Spouse				
Youth				
Youth				
Youth				
Youth				
Youth				
Youth				

Complete This Area if Membership is For A Youth

Father _____ Work Phone _____ Home Phone _____
 Address _____ Employer _____ Occupation _____
 Mother _____ Work Phone _____ Home Phone _____
 Address _____ Employer _____ Occupation _____
 Father DOB _____ Mother DOB _____
 Youth Living With: Father Mother Guardian Relationship _____

Emergency Data (To Be Completed For All Applications)

Persons to call in case of emergency (if parent or guardian can't be reached)

Name Relationship Home # Work #

Doctors to be called in case of an emergency

1. (For which member) _____ Dr's Name _____ Phone # _____

2. (For which member) _____ Dr's Name _____ Phone # _____

3. (For which member) _____ Dr's Name _____ Phone # _____

Dentist _____

Allergies (drugs, food, insect, etc.) or specific health problems _____

(Any additional comments on back)

Complete This Area - The United Way & YMCA Uses This For Funding Purposes

Ethnicity Asian Native American White **Income** Under \$10,000 \$20,000-\$30,000 \$40,000-\$50,000

Codes Black Hispanic Other **Income** \$10,000-\$20,000 \$30,000-\$40,000 Over \$50,000

How did you hear about the YMCA?

Brochure/Mailer Newspaper Friend, Family or Co-worker Other _____

My signature below indicates I understand that:

- If my card or my family's cards are lost, stolen or destroyed there will be a \$5.00 replacement fee.
- Failure to follow YMCA policies and procedures will be grounds for suspension or termination of my membership.
- Membership cards must be presented in order for members to enter the facility.
- Membership cards are non-transferable, only you may use your membership card. Sharing cards will lead to the confiscating of your card, suspension or termination of your membership.
- Membership fees, program fees, and joining fees are not refundable. Payment authorized by me through the monthly bank draft system shall continue unless terminated by me at least 30 days before next withdrawal.
- Membership rates may increase due to my age. The Garden City Family YMCA will attempt to notify me by phone or email of this increase. If unsuccessful, rates will automatically increase on my next billing cycle.
- Payment authorized by me through payroll deduction shall continue unless terminated by me at both the personnel office and the YMCA 30 days before next deduction. If not cancelled through fault of my own through the payroll personnel office of the company I work and payment is received from company by the YMCA, no refund will be given.
- In the event my Membership is discontinued and I have left personal belongings in a YMCA locker, the YMCA may dispose of my belongings after 30 days without compensation to me.
- I give permission to the YMCA, without obligation to me, to take and use any photographs, film footage, tape recordings which may include myself or any member of my family's image or voice for purposes of promoting or interpreting YMCA programs.
- There are inherent risks in participating in any activity and I will not hold the Garden City Family YMCA responsible for any accident or injury that may occur during program class or during use of YMCA facility.
- A \$30 service fee will be charged for all returned checks and drafts.
- TO MY KNOWLEDGE, ALL OF THE INFORMATION I HAVE GIVEN IS TRUE AND ANY FALSE INFORMATION WILL RESULT IN CANCELLATION OF MY MEMBERSHIP INDEFINITELY WITHOUT REFUND TO ANY FEES PAID.

SIGNATURE _____ DATE _____

Signature of Applicant/Parent or Guardian

Bar Code

Type Membership

Temp Scholarship

Type of Payment

 Yearly CC Monthly Perpet BD Payroll

CC/BD EFT Date

Replacement Card

01 Person

Comp. 1/2 Length

Charge _____

Locker # _____

02 Person

Comp. 1/2 Length

Charge _____

Locker # _____

Date	Paid	Balance	Receipt #	By

Have they had a Tour? Yes No

Bank Draft Information:

Bank Name: _____

Address: _____

City: _____

Phone #: _____

Acct. #: _____

Routing/Transit #: _____

Type of account: Checking Savings

Credit Card Information:

Visa MC Discover

Expiration Date: _____

Name on Card: _____

Additional Comments: _____
