			UNIT #
	EATER HOLYOKE YMCA		□ Bank Draft □ Annual □ Credit Card □ 3 <sup>rd</sup> Party
	<b>IBERSHIP APP</b>	PLICATION	FA Date:
Imcs			Cancel 🗆 Term 🗆 Expire Date:
MEMBERSHIP TYPE:		NEW RENEWAL	Staff Dept:
		_	
RIMARY MEMBER:			OPTIONAL INFO:
irst Name:	MI Last:	🗆 M 🗆 F	Race/Ethnicity:
\ddress:		DOB-	□ White/Non-Latino
			□ African American
ity: State:	Zip Code: H	lome Phone:	□ Other:
mail:	Cel	II Phone:	Occupation:
CONDARY MEMBER:			Employer:
rst Name:	MI Last:	🗆 M 🗆 F	
mail:	Cell Phone:	DOB:	. ) (
CHILD	M/F DOB	PAYMENT INFORMATION:	
•		EFT Name on Account:	
·			
		Routing #:	
·		Name of Bank:	
·		CREDIT CARD	
·			
·		- Me - VISA - Exp. bate	
I want to support the <b>Great</b> nis donation will continue until w	-		e \$ monthly. I understand
nergency Contact:	Relati	ionship:	Phone #:
The YMCA conducts regular sex of YMCA reserves the right to cance	-		s. If a sex offender match occurs, th ation access.
ave read and agree to all the ter	ms and conditions on back, a	as well as initialed the informed	consent and cancellation policy.

### **INFORMED CONSENT:**

In consideration of myself and/or my child being allowed to participate in the Greater Holyoke YMCA programs, I agree to assume risk for participating in such programs, and further agree to hold harmless the Greater Holyoke YMCA, the Board of Directors and its staff members conducting such programs from any and all claims, losses, or related cause of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the Greater Holyoke YMCA programs.

Initial: \_\_\_\_\_

# **BANK DRAFT / CREDIT CARD AGREEMENT:**

I understand that bank draft/credit card payments are a continuous membership plan. I understand that my membership will remain in effect permanently until I initiate its termination by completing a Membership Change Form. I understand that if the bank or credit card company returns payment to the Greater Holyoke YMCA, the Greater Holyoke YMCA will charge me the current monthly billing rate plus a handling fee of \$10.00.

# **MEMBERSHIP CANCELLATION POLICY:**

I understand that I may terminate my membership at any time. Termination must occur in person by the **last day** of the month to avoid an additional monthly fee. Memberships cancelled on or after the 1<sup>st</sup> day of the month will remain active until the end of that month and will then become inactive on the first day of the following month.

Initial:

### **OTHER MEMBRSHIP POLICIES:**

- I understand the Greater Holyoke YMCA will terminate my membership if they do not receive payment for any returned drafts within (10) days of the return date.
- Membership cards are non-transferable. Allowing anyone to use your card may result in termination of membership.
- There will be a \$5 fee to replace a lost membership card.
- The Greater Holyoke YMCA reserves the right to terminate a membership if conduct or behavior contradicts our policies, procedures, or code of conduct.
- The YMCA reserves the right to deny or terminate a membership of anyone deemed a danger to the safety of our members.
- I give permission for photos to be taken and my name to be used for advertisement purposes. If you **do not** want your photo used, please initial here: **Initial:** \_\_\_\_\_\_
- Membership policies, procedures and code of conduct are available in the Membership and Program Brochure provided to all members at time of joining.

# **CELL PHONE USE/VIDEO TAPING:**

Due to advances in video equipment and telephone technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, wellness center, gymnasium or other areas generally deemed to be "private" within the Greater Holyoke YMCA facilities. The Greater Holyoke YMCA requests that all cell phone usage be reserved for lobby areas only.

Joining Fee	First Month Payment	Start Date	End Date	Amount Paid
Staff Initials	Notes:			