



# YMCA OF SELMA-DALLAS COUNTY

## Membership Application

TYPE OF MEMBERSHIP	Primary Scan Tag #	Today's Date
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### Primary Member Name

Title	First Name	Middle Name	Last Name	Suffix
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### Personal Information

<b>GENDER</b> <input type="radio"/> Male <input type="radio"/> Female	<b>BIRTHDATE</b> / /	<b>RACE</b> <input type="radio"/> Native American <input type="radio"/> African American/Black <input type="radio"/> Caucasian/White <input type="radio"/> Unspecified <input type="radio"/> Alaskan Native <input type="radio"/> Asian/Pacific island <input type="radio"/> Hispanic <input type="radio"/> Other
<b>RELATIONSHIP STATUS</b> <input type="radio"/> MARRIED <input type="radio"/> SINGLE <input type="radio"/> SINGLE W/DEPENDENTS		

### Primary Member Contact

HOME ADDRESS LINE 1		
HOME ADDRESS LINE 2		
CITY	STATE	ZIP CODE
HOME PHONE	CELL/OTHER PHONE	EMAIL ADDRESS
EMPLOYER		
EMERGENCY CONTACT (FIRST & LAST NAME)		EMERGENCY PHONE
RELATION TO PRIMARY MEMBER <input type="radio"/> SELF <input type="radio"/> SON <input type="radio"/> PARENT <input type="radio"/> FRIEND <input type="radio"/> SPOUSE <input type="radio"/> DAUGHTER <input type="radio"/> DEPENDENT <input type="radio"/> OTHER		

### Second Adult

TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	
<b>RACE:</b> <input type="radio"/> NATIVE/AMERICAN <input type="radio"/> AFRICAN AMERICAN/BLACK <input type="radio"/> CAUCASION/WHITE <input type="radio"/> UNSPECIFIED <input type="radio"/> ALASKAN NATIVE <input type="radio"/> ASIAN/PACIFIC ISLANDER <input type="radio"/> HISPANIC <input type="radio"/> OTHER				<b>GENDER</b>	<b>BIRTHDATE</b>

### Children (ages 1-23) \* Restrictions may apply (See Membership Application Rules of Understanding)

FIRST	MI	LAST	GENDER	BIRTHDATE

Does any one in your family have special needs?  Yes  No If yes please inform staff I'd Like More Information About:

<input type="radio"/> AEROBICS	<input type="radio"/> SUMMER CAMP	<input type="radio"/> CYCLING	<input type="radio"/> VOLUNTEERISM	<input type="radio"/> COACHING
<input type="radio"/> PARENT-CHILD PROGRAMS	<input type="radio"/> SOCCER	<input type="radio"/> CHILD CARE	<input type="radio"/> TEEN ACTIVITES	<input type="radio"/> CHEERLEADING
<input type="radio"/> PERSONAL TRAINING	<input type="radio"/> SENIOR PROGRAMS	<input type="radio"/> AQUATICS	<input type="radio"/> SOCIAL ACTIVITES	<input type="radio"/> SPECIAL OLYMPICS
<input type="radio"/> STRENGTH TRAINING	<input type="radio"/> FUNDRAISING	<input type="radio"/> BASKETBALL	<input type="radio"/> BOARD MEMBER	<input type="radio"/> NOT SURE
<input type="radio"/> SWIM LESSONS	<input type="radio"/> NUTRITION			

IMFORMATION ON A PROGRAM NOT LISTED

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# YMCA OF SELMA-DALLAS COUNTY

## Membership Application

### Initial Payment

<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Check <input type="radio"/> Cash Card or Check # _____ Exp Date: _____ CSC # _____	Amount Paid w/ Application \$ _____	Staff Cashier _____
	Date ____/____/____	

### Monthly Payment by Bank Draft or Credit/Debit Card

<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Check <input type="radio"/> Cash <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 15 <sup>th</sup> Card # _____ Exp Date: _____ CSC # _____	Bank Name: _____ Bank Address _____ City _____ State _____ Zip Code _____	Account # _____ Routing # _____
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### Membership Application Rules of Understanding

The primary member must provide or adhere to:

- (1) A personal ID reflecting that their address matches home address on this form.
- (2) Any additional household members with different last names from primary member must also show proof of residence matching the address on this form.
- (3) All other household members between 18-23 years of age living at the address on this form must show they are currently in high school or college on a full schedule.
- (4) Any other household members between 18-23 years of age living at the address on this form NOT currently attending high school or college will be offered an individual membership.
- (5) College and Student membership are not prorated and start over at the 1<sup>st</sup> of every month.
- (6) All memberships (excluding College and Student Memberships) that are paid by cash are on a 30 day basis (ie.. Jan 13 to Feb 13). Memberships paid for by bank draft are prorated and if a membership is being prorated after the 15<sup>th</sup> day of the month the following month will be added to the amount.

I understand that if I wish to cancel my membership for any reason that it must be done in writing via email or regular mail by the 23<sup>rd</sup> of the month.

I understand that this is a membership and that I am responsible to pay monthly even if there is no facility usage. No refunds will be given based of lack of facility usage.

Primary Member Signature \_\_\_\_\_

### Official Use Only

Staff Member receiving packet _____ Tour Offered <input type="radio"/> Yes <input type="radio"/> No Scan Tag Date ____/____/____ Discount Given _____ DAXKO Entry Date and Time _____ Staff Name _____ Supervisor Review _____	Member Packet Explained <input type="radio"/> Yes <input type="radio"/> No
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# YMCA OF SELMA-DALLAS COUNTY

## Membership Application

### MISSION

The mission of the YMCA of Selma-Dallas County is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

### CONDITIONS OF MEMBERSHIP

Members are provided a membership handbook and agree to abide by the policies and procedures presented in it. All members are required to present a valid membership card for identification when using YMCA and programs. Membership in the YMCA is a privilege, and the YMCA reserves the right to cancel anyone's membership and refund fees on a prorated basis if the YMCA deems such action to be in its best interests.

#### Please Note:

- MEMBERSHIP DUES ARE NON-REFUNDABLE.
- MEMBERSHIP DUES AND SIMILAR PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS.
- MEMBERSHIP RATES ARE SUBJECT TO INCREASE; NOTICE OF INCREASE IN MEMBERSHIP RATES WILL BE MAILED OUT 30 DAYS IN ADVANCE.
- ALL DRAFTS RETURNED "NON-SUFFICIENT" (NSF) WILL BE DRAFTED AS SOON AS FUNDS ARE AVAILABLE. A FEE OF \$30.00 WILL BE COLLECTED BY A THIRD PARTY AGENCY FOR THE "NSF" RE-DRAFT. IF THE SECOND DRAFT ATTEMPT IS RETURNED "NSF" THE MEMBERSHIP WILL BE TERMINATED.
- A \$30.00 LATE FEE WILL BE ASSESSED TO YOUR ACCOUNT IF RETURNED PAYMENTS ARE NOT RESOLVED WITHIN THE TIME PERIOD STATED ON YOUR INVOICE.
- FOR EACH RETURN, THE YMCA OF SELMA-DALLAS COUNTY WILL COLLECT A SEPARATE \$10.00 FEE TO COVER BANK AND ADMINISTRATIVE COSTS.
- MONTHLY MEMBERSHIP DUES AND OTHER FEES (JOINER'S FEES, PROGRAM COSTS, ETC.) ARE EACH SEPARATE TRANSACTIONS AND THEREFORE DRAFTED SEPERATELY.
- ALL MEMBERSHIP AND/OR PROGRAM BALANCES MUST BE PAID PRIOR TO MEMBERSHIP TERMINATION BEING ACCEPTED.
- THE YMCA IS A PRIVATE NON-PROFIT CORPORATION, AND RESERVES THE RIGHT TO REFUSE SERVICE (MEMBERSHIP) AT THEIR DISCRETION. THE YMCA MAY TERMINATE MEMBERSHIP WITHOUT ANY CAUSE AT ANY TIME.
- YMCA MEMBERSHIP CANCELLATION REQUIRES 30 DAY ADVANCED NOTICE AND THE COMPLETION OF A CANCELLATION FORM

### WAIVER

I understand that the YMCA of Selma-Dallas County assumes no responsibility for injuries or illnesses which I or my family members sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in these activities. I hereby release and discharge the YMCA of Selma-Dallas, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

I understand that the YMCA of Selma-Dallas is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Selma-Dallas to use, without limitation or obligation, photographs, film footage, or tape recordings which may use image or voice for purposes of promoting or interpreting YMCA programs.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for membership payments and/or contributions. When the bank or credit card carrier honors the draft by charging my account, such drafts constitute my receipt for the payment. If at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the branch YMCA where membership was purchased, along with membership card(s) at least 30 days prior to bank draft date (using approved forms).

A voided check is required with all bank draft applications or a copy of a credit card if drafting by credit card.

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### ACCEPTANCE

I accept all provisions of membership set forth above and, understanding the Mission of the YMCA, hereby apply for membership. I understand that information given for my YMCA membership is the property of the YMCA and is kept as confidential information by the YMCA and its representatives.

SIGNATURE OF PARTICIPANT/MEMBER/or LEGAL GUARDIAN

DATE

New Member Packet Received

