



North Suburban YMCA • 2705 Techny Road
Northbrook, IL 60062 • 847-272-7250 • nsymca.org

JOIN THE NORTH SUBURBAN YMCA COMMUNITY! VIRTUAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: _____ Address: _____
Gender: _____ DOB: _____ City, State, Zip: _____

ETHNICITY

- Asian/Pacific Islander African-American
 Caucasian Middle Eastern
 Indian Native American
 Latino/Hispanic Other: _____

Cell: _____
Email: _____
How did you hear about the Y? _____

YMCA MEMBERSHIP AGREEMENT PLEASE READ AND SIGN

• I understand that this membership will remain in effect until I give written notice of termination.

• **It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the NSYMCA a 10-day written notice in advance of my draft date. I understand that I must return all of my membership cards upon termination.**

• The NSYMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. Rates are subject to change at any time without prior notice. As I age into a different membership, the fee will automatically change.

• Applicable to draft only: **I am responsible for any uncollected funds.** My membership will be terminated if I have two (2) uncollected drafts on record at the same time or if I close my account without notification, stop payment on my draft, or revoke authorization. Any penalties imposed by my bank or the NSYMCA for uncollected drafts are my responsibility. Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the NSYMCA. This is in addition to any service fee my bank may charge. The NSYMCA charges a \$25 service fee or current banking fees for each uncollected draft.

This membership is not eligible for program discounts or facility use.

SIGNATURE: _____ DATE: _____

WAIVER & RELEASE OF ALL CLAIMS

In applying for membership at the North Suburban YMCA, I agree to cooperate with others in supporting the NSYMCA mission, goals, and objectives and to abide by the policies and procedures set forth by the NSYMCA Board of Directors. **I understand** that my NSYMCA membership dues are non-refundable and membership privileges are non-transferable.

I hereby allow the NSYMCA to take pictures or video (still or motion) of myself/my family and grant permission for these images to be used in NSYMCA publications, presentations, publicity, social media, or promotions without compensation to me/my family or on my behalf or my family's. **If I choose not to be photographed, videotaped, or appear in other recorded media, it is my responsibility to inform the photographer and/or remove myself/my family from the picture.** In consideration of gaining membership or being allowed to participate in the activities and programs of the NSYMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the NSYMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the neglect, act, or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the NSYMCA or the use of any equipment at the NSYMCA. **I understand** that I am subject to a sex offender registry screening. 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 the membership, end program participation, and remove visitation access. I agree to adhere to all policies set by the NSYMCA as written in the NSYMCA Membership Handbook. I have answered the above questions accurately and declare myself/my family to be physically sound, and having medical approval to engage in NSYMCA activities.

SIGNATURE: _____ DATE: _____

MEMBERSHIP DRAFT AUTHORIZATION

I hereby authorize the North Suburban YMCA and my financial institution to begin automatic deductions from the account designated below in the amount below in the amount of my membership dues and fees.

PLEASE INITIAL YOUR CHOICE

Checking Account- I am attaching a voided check or a copy of my debit card to ensure the accuracy of the routing and account numbers for my banking institution. I understand that if any information changes, I must provide the NSYMCA with a new voided check.

Credit Card Account- I understand that if I receive a replacement or new card for the credit card account designated, I must provide the NSYMCA with updated credit card information

Card Number: _____ CVV: _____

Exp Date: _____ DATE: _____ SIGNATURE: _____

HELP SUPPORT THE Y & COMMUNITY MEMBERS

PLEASE INITIAL YOUR CHOICE AND SIGN

Yes, I would like to make a tax-deductible contribution. No, I would not like to contribute at this time.

\$2 \$5 \$10 \$50

This amount will automatically be deducted with my monthly membership dues and can be canceled with my authorization at any time.

If I want to cancel this donation, I will contact the Y in writing to cancel this donation.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

SIGNATURE: _____ CCC ID#: _____