



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Membership Application

*Did A Member Refer you?
Please let the desk know.*

1 APPLICANT INFORMATION

Member First Name	MI	Last
<hr/>		
Gender	DOB	
<hr/>		
<i>Complete next line if this is a Youth Membership</i>		
Parent First Name	MI	Last
<hr/>		
Spouse First Name	MI	Last
<hr/>		
Gender	DOB	
<hr/>		
Address		
<hr/>		
City	State	Zip Code
<hr/>		
Home Phone	Cell Phone	E-mail
<hr/>		
Emergency Contact	Relationship	Phone

2 FAMILY MEMBERSHIP INFORMATION (LIST LAST NAME IF DIFFERENT)

1. Dependent/Child	Gender	DOB
<hr/>		
Relationship	School	Grade
<hr/>		
2. Dependent/Child	Gender	DOB
<hr/>		
Relationship	School	Grade
<hr/>		
3. Dependent/Child	Gender	DOB
<hr/>		
Relationship	School	Grade
<hr/>		
4. Dependent/Child	Gender	DOB
<hr/>		
Relationship	School	Grade

3 DEMOGRAPHIC INFORMATION

To help us serve you better, please fill out the following information. This information is kept confidential and is voluntary.

My main interests are: After School Programs Aquatics Art Camp Early Childhood Family Programming Gymnastics Performing Arts Personal Training Senior/Adult Special Needs Volunteerism Weight Loss Wellness/Fitness

How did you hear about the Y? Newspaper YMCA brochure Member Facebook/Internet Other: _____

Ethnicity: Asian/Pacific Islander African-American Latino Caucasian Other: _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

4 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 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 (still or video) 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 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 negligent act or omission of any 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 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, having medical approval to engage in NSYMCA activities.

Signature _____ Date _____

Membership Application

5 YMCA MEMBERSHIP AGREEMENT (PLEASE READ AND SIGN)

1. I understand that this membership will remain in effect until I give written notice of termination.
2. **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
3. the monthly rate applicable to my category of membership. Rates are subject to change at any time without prior notice. As you age into a different membership, your fee will automatically change.
4. Membership cards remain the property of the NSYMCA and must be surrendered upon demand of that institution.
5. **The NSYMCA has authorization to charge the difference between member and non-member rates if I terminate my membership or if my membership expires while I am in the middle of a class session.**
6. If this is a corporate membership and the corporation becomes inactive or no longer wishes to participate, membership fees will be adjusted to current membership fees at the time of notification. The active member must work at the company.
7. 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, 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. The NSYMCA charges a \$25 service fee or current banking fees for each uncollected draft.

8. Applicable to draft only: 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.

Signature _____ Date _____

6 PAVE THE WAY (PLEASE INITIAL YOUR CHOICE AND SIGN)

Through your tax deductible contribution, the capital campaign allows the Y to continually fortify our Facilities, Foundation & Future. Join us as a capital donor today.

____ Yes, I would like to make a tax deductible contribution. (select one)

\$10 \$20 \$50 \$100 \$500

This amount will automatically be deducted with my monthly membership dues and can be cancelled with my authorization at anytime.

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

____ No, I would not like to contribute at this time.

Signature _____ Date _____

7 BE A PROGRAM ANGEL (PLEASE INITIAL YOUR CHOICE AND SIGN)

Through our Strong Kids Campaign, your tax deductible contribution helps us provide program support to families in need. Join us as a Program Angel today.

____ Yes, I would like to make a tax deductible contribution. (select one)

\$2 \$5 \$10 \$25 Other: \$ _____

This amount will automatically be deducted with my monthly membership dues and can be cancelled with my authorization at anytime.

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

____ No, I would not like to contribute at this time.

Signature _____ Date _____

8 MEMBERSHIP DRAFT AUTHORIZATION (PLEASE INITIAL YOUR CHOICE AND SIGN)

I hereby authorize the North Suburban YMCA and my financial institution to begin automatic deductions from the account designated 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 am attaching a voided imprinted credit card slip to ensure the accuracy of the account number and expiration date for the designated 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 a new voided, imprinted credit card charge slip.

____ I authorize the NSYMCA to additionally draft the Building Fund fee for a maximum of 12 equal monthly payments.

**Not applicable to discount promotions.*

Signature _____ Date _____

For Office Use Only:

CCC ID # _____

Staff Signature _____