



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION

PRIMARY ADULT ON MEMBERSHIP

Name:		<i>(Circle One)</i> Male or Female	
Date of birth:	Home Phone:	Cell Phone:	
Current address:			
City:	State:	ZIP Code:	
Years in the Community?		Email:	
Current employer:			
Phone:	E-mail:	Fax:	

EMERGENCY CONTACT

Name of a relative not residing with you:		
Home Phone:	Cell Phone:	
Relationship:		

SECOND ADULT IN HOUSEHOLD INFORMATION IF TWO ADULT MEMBERSHIP

Name:		<i>(Circle One)</i> Male or Female	
Date of birth:	Phone:	Email:	
Current employer:			
Phone:	E-mail:	Fax:	

DEPENDENTS UNDER 18 LIVING IN HOUSEHOLD (23 IF IN COLLEGE)

	Name	Date of Birth	Male or Female	School
1.				
2.				
3.				
4.				
5.				
6.				
7.				

HOW DID YOU HEAR ABOUT US?? (Circle all that apply)

Newspaper Phone Book Internet Friend: _____ Other: _____

AREAS OF INTEREST: (Circle all that apply)

Land Aerobics Weight Lifting Yoga/Pilates Water Aerobics Dance Gymnastics
Basketball Soccer T-Ball Volleyball Racquetball Cardio
Swimming Cycling Rowing Martial Arts Adult Programs Children Programs

ARE YOU INTERESTED IN VOLUNTEERING??? Yes (Area of Interest: _____) or NO

YMCA OF ELKHART COUNTY

200 East Jackson Blvd. Elkhart IN 46516
P 574 389 7878 F 574 294 2731 www.elkhartymca.org



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Verification and Authorization

In accordance with the character of values of faith, honesty, respect, caring and responsibility, I/we verify that the information provided on this application is accurate. I/we further agree to adhere to the rules of the YMCA of Elkhart County, by not participating in any inappropriate behavior and conduct; which include but are not limited to the use of profanity or abusive language, attire, smoking, use of alcohol or drugs, the removal of YMCA property or criminal conduct of any type. If these rules are not followed, I/we agree that the YMCA reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility. I/we also understand that membership cards MUST be presented at each visit and may not be used by anyone other than the member. I understand all joining fees and membership dues are nontransferable and non-refundable.

I/we agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me/us while on any YMCA premises, or as a result of any YMCA-sponsored event. I/we further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such claims or losses.

Signature of applicant: _____ Date: _____

Signature of Second Adult: _____ Date: _____

Adults must initial either 1 or 2 below:

1. By initialing this application, I/we agree that the YMCA may photograph or videotape me/us, and the YMCA may use those photographs or video footage for its marketing purposes. I/we release the YMCA from any claim or liability related to that use; waive all claims for myself/ourselves, my/our heirs and assignees against the individual YMCA staff persons and the YMCA of Elkhart County.

Primary Initial: _____

Second Adult: _____

2. I/we choose not to initial the photo/video release. I/We understand by initialing here I/we are responsible for stepping out of the photos or videos while they are being taken.

Primary Initial: _____

Second Adult: _____

-----**For Office Use Only**-----

Type of Membership: _____

Member paid: (circle one) Monthly Draft Annual Quarterly (ONLY Financial Assistance)

If Monthly Draft Fill out Billing Information Form

Staff Welcoming New Member: _____ Time: _____

Gave New Member Packet: (circle one) YES or NO

Gave Tour: (circle one) YES or NO If YES by whom: _____

Adult Lockers Given: (circle one) YES or NO If YES fill out below:

Locker Number: _____ Combination: ____-____-____

Name on Locker: _____ Membership Director entered info into computer. Date: _____

Locker Number: _____ Combination: ____-____-____

Name on Locker: _____ Membership Director entered info into computer. Date: _____

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Monthly Draft Billing Information

Please select one: Bank Account (Go to 1) or Credit Card (Go to 2)

1. Name of Bank: _____
Address of Bank: _____
Name on the Account: _____
Last Four Digits of Bank Account Number: _____

Type of Account: Checking or Savings

Go To 3

2. Type of Card: Visa MasterCard
Name on Card: _____

Last 4 Digits of Credit Card: _____

Expiration Date: _____

Go To 3

3. I understand I will be drafted \$ _____ on the: (please circle and initial by the date you choose)

1st Initials: _____ 15th Initials: _____ 25th Initials: _____

4. I understand I will be drafted \$ _____ every month until I cancel the membership. To cancel the membership I understand I need to give 30 days written notification. I, also, understand there is no renewal date for monthly draft memberships it is a continuous draft until cancelled.

Initials: _____

5. I understand if I need to make any changes to my monthly draft information I will give the YMCA of Elkhart County 30 days written notice by filling out a change of membership form.

Initials: _____

6. I understand if my membership draft is not honored by my bank or credit card for any reason, I am still responsible for that payment and the YMCA service fee for draft returns. This is in addition to any service fee my bank or credit card may make. Also, I will be denied access to the YMCA facility until payment is received.

Initials: _____

7. I understand the YMCA of Elkhart County will send a 30 day written notification of any change in the amount to be drafted from my account.

Initials: _____

8. I understand that all joining fees and membership fees are nontransferable and non-refundable.

Initials: _____

I hereby authorize the YMCA of Elkhart County (200 E. Jackson Blvd, Elkhart, IN 46516) to initiate debits from the Bank/Credit Card indicated on this form for the amount of \$ _____. This authorization will remain in effect for every month hereafter until I follow the above guidelines. I agree the YMCA of Elkhart County shall be fully protected in honoring any such draft. I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Signature: _____ Date: _____

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If Bank Account: Scanned check or deposit slip into the computer: (circle one) Yes or No
Checked number in computer by (Staff Name) _____.

If Credit Card: Scanned credit card into the computer: (circle one) Yes or No
Checked number in Computer by (Staff Name) _____.