



OAHE FAMILY YMCA

Membership Type _____
 Corporate Group _____

1ST ADULT	Date	Title	First Name	MI	Last Name
------------------	------	-------	------------	----	-----------

H O M E	Mailing Address		
	City	State	Zip
	Phone	E-Mail	

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.

PLEASE CHECK AREAS OF INTEREST.

	Self	Spouse	Children	Volunteer
Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics/Group Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				

Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Prefer to receive mail at <input type="checkbox"/> Home <input type="checkbox"/> Work
------------	---	--

Emergency Contact Name and Phone (outside of household)

E M P L O Y E R	Company Name		
	Street Address		
	City	State	Zip
	Job Title	Phone	E-Mail

2 N D A D U L T	First Name	MI	Last Name (if different)
	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Company Name
	Company Address		Company Phone
	Job Title	E-Mail	

Ethnic Origin

	1 st Adult	2 nd Adult	Dependents
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Income

<input type="checkbox"/> 0 - 13,999	<input type="checkbox"/> 40,000 - 54,999
<input type="checkbox"/> 14,000 - 24,999	<input type="checkbox"/> 55,000 - 74,999
<input type="checkbox"/> 25,000 - 39,999	<input type="checkbox"/> 75,000 and over

Do you rent or own your home?
 Rent Own

How many years have you been in the community?

How did you hear about the YMCA?

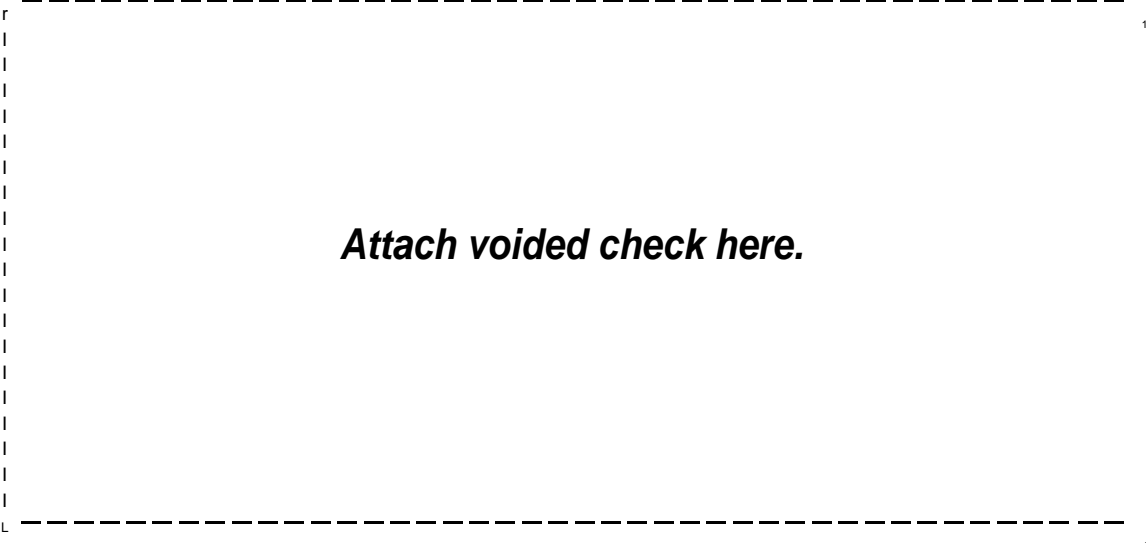
<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Billboard	<input type="checkbox"/> Live in area	<input type="checkbox"/> YMCA	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Magazine	<input type="checkbox"/> Work place	<input type="checkbox"/> Member	<input type="checkbox"/> Former Member
				<input type="checkbox"/> Friend/Family	

D E P E N D E N T S	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School
	First Name	MI	Last Name	Birth Date	Gender	School

Membership Number	Membership Type	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual	Initial Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	Monthly Dues Date of Draft/CC Payment (circle one) 1 st 15 th Monthly Amount \$ _____
Facility Access #	Expiration Date	Receipt #		
Branch	YMCA Staff Member			

Shaded area for office use

Financial Aid is available for those who qualify.



Attach voided check here.

Waiver

I am an adult over 18 years of age and wish to participate in Oahe Family YMCA (the "YMCA") membership/program activities, and if checked here wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the Oahe Family YMCA is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the Oahe Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

Membership Agreement

If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Oahe Family YMCA does not have any joiner fees.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the Oahe Family YMCA, hereby apply for membership.

Signature _____ Date: _____ Signature _____ Date: _____

Note: Parent or guardian must sign if applicant is under 18 years of age.

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date,

I choose to utilize the EFT option for monthly payment (direct debit from my Checking Savings account)

Bank Name _____ Name on Account _____
Routing/Transit Number _____ Account Number _____
Authorized Signature: _____ Date: _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Credit Card Type Visa MC Card Holder Name _____
Account Number _____ Expiration Date _____
Authorized Signature: _____ Date: _____