



Greater Marinette-Menominee YMCA Membership Application

Join Date: _____

Staff Name: _____

Primary Account Holder (Parent/ guardian if filling out for a youth membership)

First _____ MI _____ Last _____ Race _____ Birth Date ____/____/____ Gender _____ License# _____ Email _____

Street, City, State, Zip _____

Primary Phone #: _____ Texts? (circle one) Yes or No

Employer _____ Emergency Contact First & Last Name & Phone _____

Spouse/ 2nd Adult

First Name _____ Last If Different _____

Birth Date ____/____/____ Gender __M__F License# _____ Email _____ Phone # _____

Employer _____

Youth/Dependents age 23 or younger and claimed on your taxes

First Name _____ Last _____ D.O.B. ____/____/____ Race _____

First Name _____ Last _____ D.O.B. ____/____/____ Race _____

First Name _____ Last _____ D.O.B. ____/____/____ Race _____

First Name _____ Last _____ D.O.B. ____/____/____ Race _____

How did you hear about us?

- Drive By—Live in the area
- Email
- Social Media
- Text Message
- Friend
- Place Of Employment
- Radio
- Community Event
- Medical Referral
- Member
- School
-
-
-

What are your areas of interest?

Health & Wellness (group fitness classes, personal training, Active Older Adults, water fitness, running programs, , cycling, athletic performance)

Sports (coaching, football, basketball, pickleball, racquetball)

Child Care / Youth (Tot-Watch, summer camp, after school Enrichment Programs, parent child programs)

Community Impact (family events, community events, youth nights, corporate challenge, Annual Campaign fundraisers, board member, feeding initiatives)

Active Older Lifestyle (classes catered to active older adults, social activities, Senior Programs)

Annual Campaign (Fundraising & giving opportunities to support the YMCA's Mission)

Aquatics (adult & youth swim lessons)

Employment (we LOVE adding new people to our team! Ask us about employment opportunities today!)

Multi-Media Policy | YMCA members, programs, & events are often photographed for promotional & social media purposes.

- Yes, you may use my photos for Y Programs and events for promotional purposes.
- No, you may NOT use my photos for Y programs and events for promotional purposes.

Waiver Of Liability

Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law".

Signature _____ Date _____

Member Application Notice

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 membership, end program participation, and remove visitation rights.

Member Application Notice | The YMCA Bank Draft/Payroll Deduction Plans are a continuous plan. I understand that this membership will remain in effect until I provide written notice of cancellation. Should any membership draft not be honored by my bank for any reason, I realize that I am held responsible for that payment. The Greater Marinette-Menominee YMCA reserves the right to change rates upon approval of the YMCA Board of Directors. The YMCA will notify all members of any rate changes 30 days in advance via signage throughout the YMCA, social media, and through Y messaging systems. **Bank changes and cancellations require written notice by the 25th of the prior month to ensure cancellation of bank drafts/payroll deductions in the future. If I do not cancel by this date I will not be reimbursed for the following month.**

Print Name: _____ Signature _____

Signature of Parent/Guardian (if applicant is under 18): _____

Annual Campaign - For A Better Community

As a nonprofit organization, we never turn away anyone who needs us. We need your financial support to continue to keep that promise. With your help, the Y will continue to be here to help strengthen our community. Please consider helping us strengthen our community by contributing to our Annual Campaign.

Yes, I would like to support the Annual Campaign

I would like to make a one time donation of \$ _____

Or Increase my monthly bank draft by \$ _____

No, I do not wish to contribute at this time.

MEMBERSHIP FOR ALL

Committed to providing equal opportunity by putting Christian principles into practice through programs that build healthy spirit, mind, and body **FOR ALL**. Financial assistance is available, ask us for more info!

OFFICE USE ONLY

Payments Fees & Agreements

\$ _____ Joining Fee
\$ _____ Prorated Monthly Dues, Due Today
\$ _____ Membership Dues Following Months
\$ _____ Locker Rental
_____ Bank Draft Authorization Form Completed
_____ Payroll Deduction Form Completed
_____ Background Check (Date Completed)
_____ **New Member Engagement Packet**
_____ **Tour Given / Scheduled?**

Membership Type

____ Youth (12 & Under) | **\$27**
____ Teen (13-18) | **\$32**
____ Young Adult (19-30) | **\$34**
____ Adult (31-59) | **\$44**
____ 1 Adult Family | **\$56**
____ Family | **\$62**
____ Senior Adult (60+) | **\$40**
____ 2 Adult | **\$54**
____ Short Term Exp. Date _____ (Add a Fee)
____ Employee | **FREE**

Company Name: _____

Senior Fitness ID # _____