



# 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
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### 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)

**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. If you would not like to be included in media, please let the media member know at that time.**

## 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

### 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 | **\$44**

\_\_\_ Short Term Exp. Date \_\_\_\_\_ (Add a Fee)

\_\_\_ Employee | **FREE**

Company Name: \_\_\_\_\_

### 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?**

Senior Fitness ID # \_\_\_\_\_