



Membership Application

FINANCIAL ASSISTANCE AVAILABLE

HOUSEHOLD / SENIOR & SPOUSE (ONE 65+)

PAGE 1 OF 2

Date of application:

PLEASE PRINT YOUR ANSWERS

***Attach one Household Membership Attachment for each dependent child.

| | | |
|---|--|--|
| <input type="checkbox"/> Household (ages 18-64) | <input type="checkbox"/> Senior Couple (at least one is 65+) | *Household membership is defined as one of the following: 1. One parent and all children, whether or not living within the same household. A "parent" is defined as a natural or adoptive parent, or legal guardian. "Child(ren)" is defined as any person under the age of 18 who is natural or legally adopted child or ward of parent, or any other person who may be claimed as a dependent of a parent under federal or state income tax laws. 2. Two persons living within the same household in a marital relationship recognized by the Commonwealth of Virginia, and all children, as the same are defined above. |
| <input type="checkbox"/> \$60 month draft + \$75 joiner fee | <input type="checkbox"/> \$52 month draft + \$65 joiner fee | |
| <input type="checkbox"/> \$360 six months + \$75 joiner fee | <input type="checkbox"/> \$312 six months + \$65 joiner fee | |
| <input type="checkbox"/> \$720 year + \$75 joiner fee | <input type="checkbox"/> \$624 year + \$65 joiner fee | |
| Would you like information concerning how to stop tobacco use? <input type="checkbox"/> Yes, please tell me more. <input type="checkbox"/> No thank you. | | |

STATE ISSUED CURRENT PHOTO ID REQUIRED

MEMBER INFORMATION - PRIMARY ADULT

| | | | | | |
|--|------------------------------|---|--------|---|---------------------|
| First Name: | | Middle Name: | | Last Name: | |
| Birth date: | | Race: | | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | <input type="checkbox"/> Native American | | <input type="checkbox"/> Alaskan Native | |
| | | <input type="checkbox"/> Caucasian / White | | <input type="checkbox"/> Hispanic | |
| | | <input type="checkbox"/> African American / Black | | <input type="checkbox"/> Asian / Pacific Islander | |
| | | <input type="checkbox"/> Other | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | Mailing Address: | | | |
| | | City: | | State: | Zip: |
| Home Phone: | | Cell / Other Phone: | | E-Mail Address (please print): | |
| Employer: | Employer Address: | City: | State: | Zip Code: | Employer Telephone: |
| Emergency Contact: | Emergency Contact Telephone: | Emergency Contact's Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Dependent <input type="checkbox"/> Other | | | |

WELLNESS – PRIMARY ADULT

List all medical conditions:

List all medications you take:

List your allergies:

Doctor's Name: _____ Doctor's Telephone: _____

MEMBER INFORMATION - SPOUSE

| | | | | | |
|--|------------------------------|---|--------|---|---------------------|
| First Name: | | Middle Name: | | Last Name: | |
| Birth date: | | Race: | | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | <input type="checkbox"/> Native American | | <input type="checkbox"/> Alaskan Native | |
| | | <input type="checkbox"/> Caucasian / White | | <input type="checkbox"/> Hispanic | |
| | | <input type="checkbox"/> African American / Black | | <input type="checkbox"/> Asian / Pacific Islander | |
| | | <input type="checkbox"/> Other | | | |
| Last name different from primary adult? List documentation you are providing to prove relationship with primary. | | Telephone | | E-Mail Address (please print): | |
| Employer: | Employer Address: | City: | State: | Zip Code: | Employer Telephone: |
| Emergency Contact: | Emergency Contact Telephone: | Emergency Contact's Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Dependent <input type="checkbox"/> Other | | | |

WELLNESS – SPOUSE

List all medical conditions:

List all medications your spouse takes:

List your spouse's allergies:

Spouse's Doctor's Name: _____ Doctor's Telephone: _____

Mandatory YMCA Risk Waiver

The Family YMCA of Emporia-Greenville, Inc., founded on Christian principles, provides many recreational activities to the public. YMCA participants and guests understand that recreational activities do involve inherent risks which are beyond the control of the Family YMCA of Emporia-Greenville, Inc., their staff, volunteers and members. I/We certify that neither I/we nor any person included in my/our YMCA membership have any physical condition that would prevent the safe engagement in an exercise program or YMCA activities, and that I/we have been advised to seek the advice of a physician before starting any exercise program or engaging in any physical activity. I/We, the undersigned, do understand that upon using the facility and/or services that I/we hereby assume all risks for the behavior, actions, and safety of me, my spouse, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my household, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my household participating in said activities.

Mandatory YMCA Membership Policy Statement and YMCA Member Code of Conduct Policy

The protection of our members and guests participating in our programs and/or using our facilities is a paramount interest of the Family YMCA of Emporia-Greenville, Inc. The Family YMCA of Emporia-Greenville, Inc. reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse; is a registered sex offender; habitually or excessively uses narcotics or dangerous drugs; has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit-forming and/or dangerous drugs; or continuously or excessively uses intoxicating beverages. I/ We understand that YMCA membership is a privilege, and agree to behave in a mature and responsible way, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct. Prohibited actions specifically include:

- Inappropriate attire. Appropriate attire must be worn at all times.
- Angry or vulgar language or apparel, including swearing, name-calling or shouting.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying or concealing any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature.
- Loitering is not permitted in or outside the YMCA.
- Smoking is not permitted in or outside the YMCA. The YMCA and its property is a smoke-free environment.

YMCA members and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their comfort to refrain. If a member or guest feels uncomfortable in confronting the person directly, they should report the behavior to a staff person. YMCA staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. In order to be able to carry out these policies, we ask that members and guests identify themselves to staff when asked. I /we understand the Executive Director will investigate all reported incidents. If upon investigation, the Executive Director determines in his/her discretion that a violation of the YMCA Member Code of Conduct has occurred, it may result in suspension or termination of YMCA membership. I understand that it is my responsibility to notify YMCA management immediately if any of the above prohibited actions applies to me or anyone included in my household membership. I also understand that I can be denied access to the YMCA if my account is not current. I understand that to enter the Family YMCA of Emporia-Greenville, Inc. on each visit, I will need to provide the proper access card.

I give the YMCA permission to utilize pictures of me and/or my household unit in YMCA marketing, promotions and print media.

I have read and understand this agreement and release of liability, and do voluntarily agree to sign.



I have attached membership information for the following dependents to be included in my membership:

_____ List names of dependant children

_____ Primary adult name Signature Date

_____ Spouse's name Signature Date



PAYMENT AUTHORIZATION FORM

NAME OF PRIMARY ADULT MEMBER: PRIMARY ADULT MEMBER DATE OF BIRTH:

AUTHORIZATION FOR ELECTRONIC FUNDS (EFT) OR CREDIT CARD PAYMENTS FOR MEMBERSHIP, RECURRING PROGRAM FEES, AND CONTRIBUTIONS

I authorize my financial institution to honor preauthorized Electronic Funds Transfers (drafts or credit card charges) against my account by the Family YMCA of Emporia-Greenville, Inc. 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. Drafts/charges from my account will be taken out on my choice of either the first banking day of each month or the banking day closest to the 15th of each month for membership fees, each Friday before service is granted for child care programs, a payment schedule set before service is granted for recurring programs, as well as a payment schedule set by me for contributions and fundraising events. No drafts/charges will be submitted by the Family YMCA of Emporia-Greenville, Inc. without my prior written authorization for said membership, child care service, program participation or contribution. The amount drafted/charged will be the current balance due on my account. It is understood that my bank draft/charge will be continuous until after written notification has been received by the Family YMCA of Emporia-Greenville, Inc. Business Office, with original signature and date received by the end of the month prior to the next draft date. Should any draft/charge not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The Family YMCA of Emporia-Greenville, Inc. has the right to redraft/recharge any account that had nonsufficient funds. The YMCA reserves the right to charge a fee equal to the maximum allowed by the Commonwealth of Virginia for nonsufficient bank drafts and/or credit card returns. For drafting from a checking account, a voided check must be attached to this form or an original debit card must be presented to the member services staff for swiping along with a current state issued picture identification card of the account holder. For charging to a credit card, an original credit card in the name of an adult member listed on the membership must be presented to the member services staff for swiping along with a current state issued picture identification card of the card holder. 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). If at any time there is to be a change, deletion or cancellation of my membership, written notification is to be received by the Family YMCA of Emporia-Greenville, Inc., 212 Weaver Avenue, Emporia VA 23847 by the end of the month prior to the next draft date to my account. Failure to do so will make the subsequent draft/charge non-refundable. Changes in bank account information or cancellations cannot be made by telephone, email or online. I understand any action initiated by me to stop a draft/charge without written notification to the YMCA by the end of the month prior to the next draft date will not nullify my obligation of full payment of said fees as well as return draft/charge fees. The Family YMCA of Emporia-Greenville, Inc. agrees to notify me in advance of any increase in my monthly draft amount unless the increase originates from a change made in writing by me or an adult member listed on my membership. Refunds will not be granted for non-participation. REMINDER: Recurring memberships run from the first through the last day of each calendar month.

By initialing here I state that I have read, understand, and agree to the above information.

CURRENT STATE ISSUED PHOTO ID REQUIRED FOR ACCOUNT OWNER

I choose to utilize the EFT option for a scheduled payment of \$ (direct debit from my checking or savings account) for: membership recurring program participation contribution draft me on the: 1st or 15th

ATTACH VOIDED CHECK

I choose to utilize the Credit Card option for a scheduled payment of \$ (direct debit from my credit card account) for:

membership recurring program participation contribution draft me on the: 1st or 15th

Credit Card Type VISA MC Discover Card Holder Name

Account Number Expiration Date: CVV2 Code

Mailing Address of Card Holder Street / PO Box City State Zip

Financial Account Owner's Signature (Photo ID required) Date

Received at YMCA by Date

Entered into Daxko by Date