



YMCA of Mount Vernon, Ohio, Inc.
A United Way Member Agency

NEW MEMBERSHIP / RENEWAL APPLICATION

Primary Member (Please Print)

Name: _____ Birthdate: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____ E-Mail: _____

Please check one: New Membership Renewal Membership

Membership Fees

(Please circle to plan you are interested in)

	Youth	Young Adult	Adult	Family
Age	0-13	14-20	21-61	
Price monthly/yearly	\$17.73 /\$212.79	\$20.77 /\$249.21	\$39.30 /\$471.58	\$62.30 /\$747.63

*How did you learn about the YMCA of Mount Vernon?
(Please check all that apply.)*

- Previous Y Membership
- Friend
- Family Member
- Newspaper Article
- Attended Special Event at Y
- Radio Announcement
- Workplace
- Other

*Seniors (62 and up) receive a 10% discount off of an adult membership

*Senior Couples (62 and up) receive a 15% discount off a family membership

*Any individual currently divorced or widowed with children will receive 10% off a family membership

Would you like to help provide a membership to an underprivileged Knox County child? Yes _____ No _____

If yes, please check one: \$100 \$50 \$25 \$10 Other \$ _____

Would you like to volunteer at the YMCA of Mount Vernon Yes No

PAYMENT INFORMATION: Membership Start Date: ____/____/____ Total Amount Due Today w/Tax : \$ _____

Payment Method: In full annual by Cash In full annual by Check payable to YMCA In full annual by Credit Card**

Monthly Sure Pay Plan (PLEASE SEE SUREPAY PLAN)

ADDITIONAL FAMILY MEMBERSHIP INFORMATION - FAMILY MEMBERSHIPS ONLY (Please Print)				
NAME	Relation to Primary Member	Date of Birth	Gender M/F	Emergency Phone #
	Spouse			

I understand that the YMCA membership is non-refundable. These prices are subject to change.

Member Signature
Effective 1/01/08

Date

Staff Initials

PLEASE CHECK HOW YOU WOULD LIKE TO HAVE YOUR MONTHLY DRAFT DEDUCTED

____ From Checking (voided check required) OR ____ Charged to CREDIT CARD

PLEASE WRITE YOUR CREDIT CARD INFORMATION BELOW IF YOU HAVE CHOSEN TO DO CREDIT CARD MONTHLY DRAFT

Credit Card: Master Card VISA Discover Card Number _____ Exp. _____

YMCA of Mount Vernon
Bank Draft Plan
Rules and Authorization Agreement

1. The effective date of the draft is the 15th of the month. Monthly drafts are for your next month's membership.
2. A member may pay the balance due on the membership at any time and stop monthly drafts. If payment is made after the 15th of the month, the member will pay the balance due less current monthly draft amount.
3. **MEMBERSHIP CANCELLATION MUST BE DONE IN WRITING ON OR BEFORE THE 5TH OF THE MONTH, FOR YOUR MEMBERSHIP TO BE CANCELED FOR THE CURRENT MONTH. AFTER THE 6TH OF THE MONTH YOUR MEMBERSHIP WILL BE CANCELED IN THE NEXT MONTH. ALL MEMBERSHIP CARDS MUST BE SURRENDERED. TELEPHONE CANCELLATIONS CANNOT BE ACCEPTED.**
4. The YMCA will notify all members in writing of any rate adjustment in advance of such adjustment.
5. The YMCA reserves the right to cancel a member's membership and request the return of all membership cards issued for members failure to have sufficient funds.
6. I authorize the YMCA of Mount Vernon to initiate a monthly draft from my account on a continuous basis.
 "As a member of the YMCA credit card/bank draft plan, I acknowledge that I have read the above rules and agree to abide by them."

Member's signature _____ **Date** _____

PARTICIPANT INFORMED CONSENT STATEMENT

I desire to participate voluntarily in the membership and programs of the YMCA of Mount Vernon in an attempt to affect my well being and the physical activity of my lifestyle. In doing so, I understand and agree with the following statements.

I understand and hereby release, waive, discharge, and covenants not to sue the YMCA, it's directors, officers, employees, and agents from all liability to the undersigned for any loss or damage, to the person or property or resulting in death if I am in, or about the premises or equipment or program affiliated with the YMCA.

I assume full responsibility for and risk of bodily injury, death or property damage due to negligence of the releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any equipment thereon or participating in any program affiliated with the YMCA.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the risks and precautions associated with physical activity and risks associated with YMCA membership and programs have been answered to my satisfaction.

In consideration for being allowed to participate in YMCA membership and programs, I agree to assume the risk of such activities and further hold harmless the YMCA, employees and volunteers from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from being involved in the YMCA or upon YMCA grounds.

Member Signature Member Name Printed Guardian's Signature (<18) Date

_____ _____ _____ ____/____/____