



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME

YMCA OF METROPOLITAN FORT WORTH

Staff Use Only

Branch #	Member Number
Date	Amount
Membership Type: Plus Value Branch Employee Corporate T-20	
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

Primary Member

Last Name		First Name		MI	Date of Birth	Gender
Street Address			Apt	City		State Zip
Phone Number - Preferred		Alternate Phone		Email Address		
Company Name			Position/Title		Work Phone Number	
Street Address			City		State	Zip
Emergency Contact		Phone Number		Relationship		

Adult & Dependents

Last Name (if Different)		First Name		MI	Date of Birth	Gender
Company Name			Position/Title		Work Phone Number	
Street Address			City		State	Zip
Last Name (if Different)		First Name		MI	Date of Birth	Gender
Last Name (if Different)		First Name		MI	Date of Birth	Gender
Last Name (if Different)		First Name		MI	Date of Birth	Gender
Last Name (if Different)		First Name		MI	Date of Birth	Gender
Last Name (if Different)		First Name		MI	Date of Birth	Gender

Information

Are you a member of the Together 20 Program? If so, please list your Together 20 buddy's name.

What led you to join the Y today? _____

What do you hope to achieve by joining the Y? _____

Ethnic Origin	African American	Indian/Native	Asian	Hispanic	Caucasian	Amer/Alaska	Other	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Household Income	0-13,999	14,000-24,999	25,000-39,999	40,000-54,999	55,000-74,999	75,000+		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Would you like to Volunteer?	Sports	Child Care	Membership	Fund Raising	Special Events	Committees	Board	Mentoring
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The YMCA of Metropolitan Fort Worth is committed to serving people of all races, religions, incomes and abilities. By answering the above questions, you will help us meet these goals. This information, without names, is used for reporting to the United Way. The YMCA is a 501 C (3) Not For Profit Organization, and is a United Way Agency.

Please continue to the reverse side of Membership Application.

Financial Information – For those using monthly membership draft

Card Type (circle one): VISA Master Card American Express Account Type (circle one): Checking Savings Credit Card

Credit Card Draft Last 4 digits: _____ Expiration Date: _____

Payroll Deduct

I would like my draft date to be on which day of the month (circle one): 1st 15th

I hereby authorize the YMCA to draft my checking, savings, and/or credit card accounts and authorize the financial institutions associated with my checking, savings, and/or credit card accounts to deposit the same amount into the account of the YMCA. This authority will remain effective until written request for termination is received at least 30 days prior to the next draft date. I further understand that I may change accounts authorized online, or by filling out a change form at the YMCA. The conditions stated in this form will apply to any and all accounts I authorize either in this form, a change request form, or by listing new accounts online for payment and draft purposes and the conditions stated above will apply. Initial _____

If your draft is returned, it will be collected electronically and your account will be charged for the amount of the draft plus a collection fee of \$25. Member is also responsible for all other collection costs, and uncollected drafts will require payment in order to resume active membership. eCashflow Systems 1-888-339-6062

ALL MEMBERSHIPS REQUIRE A 30 DAY WRITTEN NOTICE TO TERMINATE MEMBERSHIP AND WILL BE SUBJECT TO A FINAL MONTHLY PAYMENT.

Applicant Signature _____

Drivers License # _____

State _____

Date _____

The Y's Annual Campaign provides program & membership scholarships for those who are unable to pay full fees.

___ Yes, I would like to make a donation to the YMCA Annual Campaign: _____

Signature _____

___ Please add \$ _____ to my monthly membership bank draft.

___ I would like to make a one-time donation of \$ _____ to be paid on _____.

Date _____

YMCA Membership Conditions

Confidential Information

All information provided on this application for membership is considered confidential. We do not provide or sell membership information to anyone or any organization. All statistical reporting is done in a summary format. Some federal government grants that provide direct government assistance to individuals, require the YMCA to report ethnic origin, household income, and family size to be considered in compliance with their standards. Initial _____

Termination of Membership

To cancel a membership, the YMCA of Metropolitan Fort Worth requires a 30-day notice prior to the final draft date, written on a termination form. Minimum of 30 days required to stop EFT or credit card draft. If a member pays by annual invoice, and cancels before the term of membership expires, the YMCA will refund any unused balance beyond the 30-day written notice period. A request for refund must be submitted at time of termination. Members are responsible for verifying their monthly bank statements, and the YMCA will not be responsible for erroneous membership drafts beyond 60 days of cancellation. Initial _____

Photo Release

I hereby authorize the YMCA of Metropolitan Fort Worth and any of its branches to use my or my child's photo/likeness in promotions, advertising and other public relations programs of the YMCA, including both print and digital promotions. I give my permission to the YMCA of Metropolitan Fort Worth to use photographs, film footage, or tape recordings, which may include me or my child's image or voice for purposes of promoting or interpreting YMCA programs for no compensation.

Background Investigator Bureau

The YMCA of Metropolitan Fort Worth utilizes the Background Investigator Bureau to screen for sex offenders. All members age 18 and up will be screened utilizing their state issued ID. This may cause certain individuals to not be allowed access to any YMCA of Metropolitan Fort Worth facility.

Liability Waiver

I understand that the YMCA of Metropolitan Fort Worth, (herein referred to as "YMCA") its officers, agents and employees, assume no responsibility for injuries or illness that I may sustain, as a result of my physical condition, while observing or participating in "YMCA" activities or while using any facilities or equipment during any "YMCA" activities. I understand that the "YMCA" shall not be responsible for personal property lost, damaged or stolen while I or any authorized user of my membership, or any other program participants use any "YMCA" facilities or are on any "YMCA" program premises.

I understand that all exercises may not be suitable for me, and that participation in any exercise program may result in injury and even death. I understand that I should consult my physician before beginning any exercise program. I understand that the instructions or advice presented by the "YMCA" staff are in no way intended to be a substitute for professional medical counseling. I authorize emergency medical treatment in the event of an injury or medical occurrence.

The "YMCA" will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent/child events and outings, special events, sports programs or any related "YMCA" sponsored activities. Certain risks of injury are inherent during participation in these programs and events. Nor will the "YMCA" be responsible for any lost or stolen items while members and/or program participants are using "YMCA" facilities, on "YMCA" premises, or on off-site "YMCA" program locations. I, the undersigned, for myself and my heirs, do hereby release the "YMCA" and its employees and agents from any and all claims for injury, loss or damage I may suffer as a result of my participation, including any injury caused by the negligence, if any, of the "YMCA", its officers, employees, agents, volunteers or the negligence of anyone else.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian 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.

Applicant Signature _____

Date _____

Staff Signature _____

Date _____