



JOIN THE YMCA OF DODGE COUNTY

WHERE YOU BELONG

- Youth (8-18) **\$25**
 Family* **\$59**
 Adult (19-59) **\$44**
 2 Adult **\$54**
 Senior (60+) **\$40**
 Senior 2 Adult (60+) **\$53**
 Special/Short Term Membership Type: _____
 Insurance (Circle One)
 Silver Sneakers
 Renew Active (AARP/Optom)
 Silver & Fit

* This category includes membership for 1 or 2 adults & their dependents up to age 23 in the household. On a dependent's 24th birthday, a new membership will need to be created.

Primary Member

Name	Gender	DOB
Address	City	State
Zip		
Phone	E-Mail	
Employer		
Emergency Contact	Phone	
Parent/Guardian Name - Youth Membership Only	Phone	
Relationship	DOB	

* Household members must reside at the same permanent residence. Proof of residency may be required. Dependents up to age 23 can be included in household membership. On a dependent's 24th birthday, a new membership will need to be created.

Additional Members

1. Name	Gender	DOB
Phone (if different from above)	Relationship to Primary Member	
2. Name	Gender	DOB
Phone (if different from above)	Relationship to Primary Member	
3. Name	Gender	DOB
Phone (if different from above)	Relationship to Primary Member	
4. Name	Gender	DOB
Phone (if different from above)	Relationship to Primary Member	
5. Name	Gender	DOB
Phone (if different from above)	Relationship to Primary Member	

Last Name _____
 First Name _____
 Join Date _____
 Annual Expiration Date _____
 Staff Initials _____
 Completed Form _____
 EFT/Credit Card Info _____
 Membership Type _____
 Raptor (each adult) Good? _____

Check box's if applicable
 INS
 FA

I understand that this membership will remain in effect for an unlimited or unspecified time, unless I have paid for an annual membership or specialty membership in full.

Initial

I understand that if I wish to terminate my membership, I must **fill out the Y Cancellation Form in person at the Welcome Center. The Cancellation Form must be received by the 8th of the month** to avoid having an additional bank draft drawn. It is my responsibility to verify that the cancellation was successful, and that the YMCA is no longer taking membership fees out of my account. I understand the Y is not responsible for reimbursing membership fees for more than 60 days after my verified date of cancellation, and is not transferable or refundable.

Initial

If I choose to rejoin the Y after 30 days have passed, I know that I will need to rejoin as a new member and pay corresponding fees.

Initial

The Y Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks notice prior to any such change.

Initial

Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the Y. This is in addition to any service fee my bank may enforce.

Initial

Membership cards remain the property of the Y and must be surrendered upon demand of the institution. I understand that if I need a replacement card there will be a fee.

Initial

Sex Offender Policy: 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 access.

Initial

Code of Conduct: As a payee member, I understand I'm responsible for all the members on this membership and guests. Everyone using the YMCA is expected to behave in a mature and responsible way and to respect the rights and dignity of others. The YMCA insists that individuals using the facility demonstrate caring, honest, respectful, and responsible behavior. We do not permit actions that can hurt or frighten another person. Any inappropriate behavior may result, at the sole discretion of the Y, in suspension or termination of membership.

Initial

I hereby assume all risks of injury arising out of my presence on the premises of the YMCA of Dodge County, my use of it's equipment or facilities and Y participation in its activities, whether on it premises or at another location, and for myself and my heirs and assigns herby waive, release, and agree to hold free form all claims and damages the YMCA of Dodge County and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I am physically capable of participating in such programs, and agree not to participate in activities that may injure myself or others.

Initial

AUTHORITY TO DRAW EFT OR CREDIT CARD FOR MEMBERSHIP PAYMENTS

Name on EFT Account/Credit Card Holder

Billing Address

Account Holder's Address

Please choose ONE of the following forms of payment that you would like to use for your membership:

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

LAST 4 NUMBERS OF CARD _____

EXPIRATION DATE _____

Name and City of Banking Institution

Account Number _____

Bank Routing Number _____

Checking

Savings

I have given authority to my bank or credit card company listed above to honor preauthorized debits drawn by you on my account for membership payments as indicated above. It is understood that your sending of preauthorized debit to the bank or credit card company as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank or credit card company honors the draft by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized debit not be honored by said bank or credit card company when received by them, then it is understood that the payment and any administration fees are to be made by me in the amount of said payment.

REQUIRED DOCUMENTATION: Voided check or copy of check or letter from banking institution with account number and bank routing number, or valid credit card information are required at the time of membership enrollment.

Signature of Account Holder

Date

FOR STAFF USE ONLY

Banking

Address & Phone

Guest Passes

Expiration Date/Status

Rate

Discount Group

Scholarship