



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Membership Application

YMCA of Central Stark County

Date: _____ Staff: _____

Last Name: _____

First Name: _____

Basic Information
Please put the primary member's information in this section.

LEGAL FIRST NAME			M.I.	LAST
RACE*	ETHNICITY*	GENDER	BIRTHDAY	EMAIL
MAILING ADDRESS			PREFERRED PHONE #	<input type="radio"/> Mobile <input type="radio"/> Landline
CITY	STATE	ZIP CODE	SECONDARY PHONE #	<input type="radio"/> Mobile <input type="radio"/> Landline
EMERGENCY CONTACT (NAME)			EMERGENCY CONTACT PHONE #	<input type="radio"/> Mobile <input type="radio"/> Landline

Family Members
Please include information for all additional family members below.

First Name	M.I.	Last Name	Birthdate	Gender	Race*	Ethnicity*	Relationship
Spouse/Second Adult							
Children/Dependents							

***Please write the number that corresponds with your identity in the Race and Ethnicity boxes above.**
The YMCA is a recipient of grants and donations from local foundations, and state/national federal funding sources.
Your help with this information ensures we can apply for future funding.

Race	1. American Indian/Alaskan Native 2. Asian 3. Black or African-American 4. Asian <u>and</u> White 5. American Indian or Alaskan Native <u>and</u> Black or African American 6. Pacific Islander/Native Hawaiian 7. White/Caucasian 8. American Indian or Alaskan Native <u>and</u> White 9. Black or African American <u>and</u> White 10. Other Multi-Racial Combination 11. Prefer not to say	Ethnicity	1. Non-Hispanic/Latino 2. Hispanic/Latino 3. Prefer not to say
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YMCA OF CENTRAL STARK COUNTY PARTICIPATION AGREEMENT

Membership Type

<input type="checkbox"/> Youth (Ages 6-12)	<input type="checkbox"/> Teen/Young Adult (Through Age 23)	<input type="checkbox"/> Adult (Ages 24-64)
<input type="checkbox"/> Family	<input type="checkbox"/> Senior Adult (Age 65+)	<input type="checkbox"/> Senior Couple

Payment Options and Terms

Annual Membership
 Monthly Auto-Pay
 Quarterly/Biannual Membership

- My YMCA membership will be regarded as continuous until the time that I decide to terminate.
- I hereby authorize the YMCA of Central Stark County to debit my account indicated below.
- I understand the debit will be initiated on the 15th of the month.
- I agree that if for any reason I wish to change the status of my membership, I must give the YMCA notice by the first day of the month I want to cancel in, and understand that I am responsible for payment of draft if notice is not received.
- I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon advance written notice.
- This authority shall remain in effect until the YMCA of Central Stark County has received written notification.
- Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of no more than \$30 applied. This will be done electronically by a third party and is in addition to any service fee my bank may make.
- I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.
- I understand that the YMCA membership is non-refundable and non-transferable.

I authorize monthly payment from:

Checking
 Savings
 Debit/Credit Card
 Account Ending (last 4) _____

Signature: _____ **Date:** _____

Annual Campaign

Our Annual Campaign allows the YMCA to keep our promise: that no one is turned away from the YMCA due to an inability to pay. This campaign relies on generous donations from our members, program participants, businesses and local foundations.

Please consider donating to provide YMCA memberships and programs for others in your community.

YES! I'd like to help! \$5 ___ \$10 ___ \$15 ___ \$25 ___ \$ ___ Other - (please specify)

Please bill me: Pay now (one time donation) Add to my monthly payment (recurring until end of current year)

Photo/Talent Release

I give permission to the YMCA of Central Stark County & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include any of my family member's or my image or voice for purposes of promoting or interpreting YMCA programs.

Initials _____

For Office Use Only:

Workplace Wellness

Employer:

Employee on Membership:

Employment Verified By: