

APPLICATION FOR MEMBERSHIP NORTH CENTRAL FLORIDA YMCA



BRANCH LOCATION: (Please circle one) Northwood Bradford/Union Putnam

MEMBERSHIP Membership Type (please circle one) YOUTH SENIOR COUPLE SENIOR COLLEGE ADULT SINGLE PARENT FAMILY FAMILY PLUS SILVER SNEAKERS
 Membership Term (please choose one) _____ REVOLVING (AUTOMATICALLY RENEWS MONTHLY) _____ SINGLE TERM (CANCELS AT END OF A SPECIFIC AMOUNT OF TIME) TERM DATE _____

NAME Ms. Mrs. Mr. FIRST NAME M.I. LAST NAME

R E S I D E N C E STREET ADDRESS CITY STATE ZIP CODE DAYTIME PHONE EVENING PHONE EMAIL ADDRESS EMPLOYER / SCHOOL

HAVE YOU EVER HAD A MEMBERSHIP OR REGISTERED FOR A PROGRAM AT ANY NORTH CENTRAL FLORIDA YMCA BRANCH? ___ YES ___ NO
 HOW DID YOU HEAR ABOUT THE YMCA? _____
 IF REFERRED BY A CURRENT MEMBER, PLEASE PROVIDE THEIR NAME: _____
 WOULD YOU LIKE MORE INFORMATION ON VOLUNTEER / FUNDRAISING OPPORTUNITIES? ___ YES ___ NO

PERSONAL INFORMATION BIRTHDATE / / SEX RACE (CIRCLE ONE) - OPTIONAL WHITE BLACK HISPANIC ASIAN/PACIFIC ISLANDER AMER.INDIAN/ ALASKAN

EMERGENCY CONTACT NAME RELATIONSHIP PHONE NUMBER

FAMILY MEMBERS					
NAME (LAST IF DIFFERENT)	BIRTHDATE	SEX	RACE	EMPLOYER / SCHOOL	
SPOUSE/PARTNER 1.	/ /				
CHILDREN 2.	/ /				
3.	/ /				
4.	/ /				
5.	/ /				
FAMILY PLUS MEMBERSHIP 6.	/ /				
7.	/ /				

MEMBERSHIP AGREEMENT / CONDITIONS OF MEMBERSHIP

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY, AND ACKNOWLEDGE AGREEMENT BY INITIALING IN THE SPACE PROVIDED.

MEMBER HEALTH: The Applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pool and fitness equipment carries a potential risk of injuries or illness. The applicant further understands that the North Central Florida YMCA assumes no responsibility for any such injury or illness. _____

MEMBER CONDUCT AND RIGHT TO USE THE FACILITY: Applicant agrees to abide by all policies and procedures of the North Central Florida YMCA and its branches, and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership. _____

PROPERTY LOSS: The applicant understands that the North Central Florida YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs. _____

PHOTOGRAPH PERMISSION: The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs. _____

INSURANCE: The applicant understands that the North Central Florida YMCA does not provide any accident or health insurance for its members or participants, and further understands that it is the applicant's responsibility to provide such coverage. _____

TERM OF AGREEMENT: Members may select one of two options for membership, REVOLVING or ONE-TERM. Revolving memberships will automatically renew unless written request to terminate membership is received. One-Term memberships will automatically terminate at the end of the time period selected, whether monthly, quarterly, semi-annually or annually. _____

FEES: The YMCA Board of Directors may, at their discretion, adjust the monthly membership rate applicable to my category of membership. I understand that I will receive at least **30 DAYS NOTICE** of the change before a debit occurs at the new rate.

PAYMENT: All joining fess and membership fees are **NON REFUNDABLE**. All prepaid annual memberships are **NON REFUNDABLE**. _____

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF YMCA REPRESENTATIVE _____ DATE _____
(Parent / Guardian of Applicants under 18 years of age)

FOR OFFICE USE ONLY:
 INITIAL PAYMENT RECEIVED: \$ _____ (CIRCLE ONE) VISA / MASTERCARD / AMEX / DISCOVER / CHECK / CASH / OTHER UNIT NUMBER: _____ MEMBERSHIP TYPE: _____
 ENROLLED BY: _____ DATE: _____ FILE REVIEWED BY: _____ DATE: _____