



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Where Everybody Is
Somebody!

IS
!



NORTH CENTRAL FLORIDA YMCA MEMBERSHIP APPLICATION

The Y is committed to serving people of all ages, races, religions and economic levels. By answering all questions, you will help us meet this goal. The information is confidential and will not be used for any other purposes.

- To qualify for our family membership, all members must reside at the same address and pay monthly dues from one bank account.
- The age of the primary adult determines the age category of the membership and who is responsible for the account balances and dues.
- Membership cards are non-transferable; replacement cards are \$5 each.
- Financial assistance is available for all NCF Y programs, including membership. Scholarship applications are available at the front desk.

PLEASE PRINT LEGIBLY!

1. MEMBERSHIP

- Individual
 Family (1 adult)
 Family (2 adult)
 Family Plus
 Student
 Senior
 Senior Couple
 Silver Sneakers
 Other

2. PRIMARY ADULT'S INFORMATION (COMPLETE FOR ALL MEMBERSHIP TYPES, INCLUDING STUDENT)

First Name: _____ MI: _____ Last Name: _____ Gender: Male Female DATE OF BIRTH: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ / /

Primary Phone: Home Cell () - _____ Secondary Phone: Home Cell () - _____

Employer: _____
Work Phone: _____ Email Address: _____

EMERGENCY CONTACT FOR PRIMARY ADULT

First Name: _____ Last Name: _____

Phone Number: _____ Relationship to You: _____

3. SECOND ADULT'S INFORMATION (For memberships with 2 adults)

First Name: _____ MI: _____ Last Name: _____ Gender: Male Female DATE OF BIRTH: _____

Primary Phone: Home Cell () - _____ Secondary Phone: Home Cell () - _____ / /

Employer: _____
Work Phone: _____ Email Address: _____

EMERGENCY CONTACT FOR SECOND ADULT

First Name: _____ Last Name: _____

Phone Number: _____ Relationship to You: _____

4. INFORMATION FOR ADDITIONAL ADULTS (For memberships with 3-4 adults)

First Name: _____ MI: _____ Last Name: _____ Birth Date: _____

First Name: _____ MI: _____ Last Name: _____ Birth Date: _____

5. CHILD(REN)'S INFORMATION

Up to four dependents are included with Family Memberships

First Name: <input type="radio"/> Female	MI:	Last Name:	Birth Date:	<input type="radio"/> Male
First Name: <input type="radio"/> Female	MI:	Last Name:	Birth Date:	<input type="radio"/> Male
First Name: <input type="radio"/> Female	MI:	Last Name:	Birth Date:	<input type="radio"/> Male
First Name: Male <input type="radio"/> Female	MI:	Last Name:	Birth Date:	<input type="radio"/>

6. MEMBERSHIP AGREEMENT

STUDENT MEMBERSHIP DISCLAIMER: Children under the age of 13 must be accompanied by an adult who is at least 18 years of age and is willing to assume liability for their presence in the facility. I understand the terms of admittance in purchasing a Student Membership for my child.

Signature:

Date:

I acknowledge and agree to the following statements:

- **MEMBER HEALTH:** The Applicant(s) represents that he/she is in physically sound condition and understands that participation in exercise, aerobics, 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 suspension or 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.
- **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.
- **FEES:** The YMCA 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 fees and membership fees are **NON REFUNDABLE**. All prepaid annual memberships are **NON REFUNDABLE**.
- **RELEASE OF LIABILITY:** THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE NORTH CENTRAL FLORIDA Y, its directors, officers, and employees from all liability to the undersigned or such children for any loss or damage, and any claim or demands therefore on account of injury to the person or property while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the NORTH CENTRAL FLORIDA Y.

Signature:

Date:

7. PAYMENT INFORMATION

CHOOSE ONE: Monthly Quarterly Semi-Annual Annual
 (Autodraft only) (4 times a year) (2 times a year) (1 payment a year)

This section is to be used for authorization of monthly, quarterly, and semi-annual bank draft or credit card charges. If you are applying for one - term, indicate Termination Date: _____ / _____ / _____ and continue to Section 8

AUTHORIZATION TO THE FAMILY Y: I have given my authority to the below named bank/credit card company to honor pre-authorized drafts/CHARGES DRAWN BY The North Central Florida Y on my account for the membership payments as indicated above. It is understood that when the NCF YMCA's transmission of a pre-authorized draft to the bank as payment comes due, it shall constitute valid notice of such payment due on the above named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any pre-authorized draft not be honored by the said bank when received by them, then it is understood that the payment will be collected electronically in addition to a \$25 non-sufficient funds fee.

As my membership dues will be paid through bank/credit charge or monthly bank draft:

- I understand this is a revolving membership plan. I understand that the membership will remain in effect until I initiate its termination by giving the NCF Y written notice by the last calendar day of the month. All credits on account expire (1) one year from issue date.
- Should any draft not be honored by my bank for any reason, I realize that those funds plus a service charge of \$25 will be collected electronically. The Y service charge is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the Y of any change in address, bank account information (if using a bank draft for payment of dues) or bank/credit card information/expiration date (if using a bank/credit card for payment of dues).
- I understand that after two unpaid drafts, the Y reserves the right to immediately terminate my membership until I have brought all payments up to date.
- It is my understanding that it will require up to **15 days** for my draft be cancelled.
- Termination Requests received **between the 1st and the 15th of the month** will incur one final draft fee.
- Requests received **between the 16th and 30th of the month** will not incur an additional draft fee.
- If I stop payment on the final draft, I will be charge a \$25.00 service fee, in addition to the regular draft fee due.
- By cancelling, or allowing my membership to expire, I realize that my joining fee is non-transferable after 30 days.
- The North Central Florida YMCA policy is to not give refunds except under extenuating circumstances.

Your account will be drafted \$ _____ per month. The bank draft date will be on the 15th of every month.

PAYMENT OPTION 1 – ELECTRONIC FUNDS TRANSFER (EFT)

- I choose to utilize the bank draft option for monthly payments (direct debit) from my Checking or Savings account
 I have attached a VOIDED blank copy of a check for this account. (see section 7a)

Authorized Signature: _____ Date: _____

PAYMENT OPTION 2 – CREDIT/DEBIT CARD PAYMENT OPTION

- I choose to utilize the Credit/Debit Card Payment option for my monthly payment (automatic direct charge to credit card or from debit card)
 Credit Card Type: Visa Mastercard American Express Discover

Card Number: _____ Exp. Date: _____

Cardholder's Name: _____

Authorized Signature: _____ Date: _____

7a. Voided Check (if applicable)

Please attach voided check below, if applicable:

8. PHOTO RELEASE

I/we agree that the NCF YMCA and YMCA of the USA may photograph or videotape me/us, and the NCF YMCA and YMCA of the USA may use those photographs or video footage for its marketing purposes. I/we release the NCF YMCA and YMCA of the USA from any claim or liability related to that use; waive all claims for myself/ourselves, my/our heirs and assignees against the individual NCF YMCA and YMCA of the USA staff persons.

Signature: _____

Date: _____

9. ADDITIONAL MEMBERSHIP DISCOUNTS

Corporation (name) : _____

Verified By: _____

10. HOW DID YOU HEAR ABOUT THE NCF Y? (Please choose one)

Referred by a Member? If so, who? _____

Employee Word of Mouth Internet Program Participant

Corporate Medical Referral Drive By Advertising- Where? _____

Did you know that if you refer a member, you can earn a
Loyalty Reward equal to the value of one month FREE?!? Ask us how!

FOR OFFICIAL USE ONLY!!!

		\$	TYPE: CASH CHECK CARD		
MEMBER ID	MEMBERSHIP TYPE	PAYMENT RECEIVED		STAFF INITIAL	DATE
				AUDITED BY	DATE