

# GREATER JOLIET AREA YMCA

## Membership Application

EVERYONE IS WELCOME



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Please complete the information below. A valid Photo ID and proof of residency is required for all adults.

Check the location you will use the most:  C.W. Avery  Galowich  Morris  Smith

How did you hear about the Y?  E-mail  Internet  Radio  Mailing  Newspaper  Employer  Member  Friend/Family  Other \_\_\_\_\_

**Primary Adult:** \_\_\_\_\_  
(Please print first name, middle initial, last name)

Birthdate: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian  
 African American  Caucasian  Other \_\_\_\_\_

**Additional Adult:** \_\_\_\_\_  
(Please print first name, middle initial, last name)

Birthdate: \_\_\_\_\_  Male  Female

Relationship to Primary Adult:

Spouse  Child  Parent  Sibling  Other \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian  
 African American  Caucasian  Other \_\_\_\_\_

**Additional Adult:** \_\_\_\_\_  
(Please print first name, middle initial, last name)

Birthdate: \_\_\_\_\_  Male  Female

Relationship to Primary Adult:

Spouse  Child  Parent  Sibling  Other \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian  
 African American  Caucasian  Other \_\_\_\_\_

### Children/Additional Dependents (under the age of 26)

**Names:** (Please print first name, middle initial, last name) \_\_\_\_\_ **Birthdates:** \_\_\_\_\_  
 Male  Female

Relationship to Primary Adult:  Child  Sibling  Other \_\_\_\_\_

\_\_\_\_\_  
 Male  Female

Relationship to Primary Adult:  Child  Sibling  Other \_\_\_\_\_

\_\_\_\_\_  
 Male  Female

Relationship to Primary Adult:  Child  Sibling  Other \_\_\_\_\_

\_\_\_\_\_  
 Male  Female

Relationship to Primary Adult:  Child  Sibling  Other \_\_\_\_\_

\_\_\_\_\_  
 Male  Female

Relationship to Primary Adult:  Child  Sibling  Other \_\_\_\_\_

### Who to contact in case of an emergency (other than those listed above):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to Primary Adult:  Spouse  Child  Parent  Sibling  Friend  Other \_\_\_\_\_

### Membership Agreement:

For myself, and the other individuals listed on this Membership Application (if any), and my/our respective heirs, executors, and administrators, it is agreed as follows:

- I/We hereby make application to be enrolled as a member of the Greater Joliet Area YMCA and to cooperate with others in the accomplishment of the YMCA's accepted purpose.
- I/We give my permission to the YMCA to use all photos, videos, voice, and images taken of me/us both in print and on the internet for the purposes of promoting YMCA programs and services. This may be done by the YMCA or an outside group that the YMCA has agreed to work with in the publicity of their programs.
- I/We understand 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.
- I/We specifically assume all risks of injury arising out of my/our presence on or about the premises, or my/our use of or intended use of equipment or facilities, or my/our participation in the activities of the YMCA (an Illinois chartered not-for-profit corporation) on or about the premises or at another location.
- I/We authorize the Y, including its third party payment processing companies, to store the account or card information provided by me/us in relation to my/our membership.
- I/We waive, release, and forever agree to hold free from all claims for liability or damages arising out of, or in connection with my/our participation in YMCA activities and/or use of YMCA facilities, the Greater Joliet Area YMCA, and its respective officers, Trustees, Board of Directors, members, employees or agents.
- I/We hereby do declare myself/ourselves to be physically sound, and that I/We have medical approval to participate in the physical activities of the YMCA.
- I/We agree to abide by the Greater Joliet Area YMCA's Member Code of Conduct.

**Please Note:** 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

**I have answered all questions on this application accurately and have read the information above agreeing for myself, and as a chosen representative for my family to the policies and procedures of the Greater Joliet Area YMCA.** I am aware that membership fees are non-refundable unless overcharged in error. If fees charged were too low based on incorrect information, services will not start until the balance is paid and no refund will be available. A thirty day period will be allowed to arrange for final payment.

Primary Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## BILLING AGREEMENT

- 1. Joiners Fee:** The Joiners Fee is non-refundable and may be paid in full by cash, EFT or credit card (Visa, MC or Discover). Payment plans are available. Those who cancel with a Joiners Fee balance, will be drafted the remainder with their last membership payment.
- 2. Membership Fees:** Your monthly dues of \$\_\_\_\_\_ are electronically withdrawn on the  15th or  28th of the month. Your first draft day will be \_\_\_/\_\_\_/\_\_\_\_. At the time of registration, you will pay a prorated amount to begin the membership. You may change the type of membership you have at any time by requesting the change in writing ten days prior to your draft date. Changes will be effective on your next scheduled draft and additional membership and/or Joiners Fees may apply.
- 3. Electronic Funds Information:** Your membership fees will be electronically deducted from:  
 **Checking Account**  **Credit Card**  
Last four digits of routing number: \_\_\_\_\_ Last four digits of account number: \_\_\_\_\_  
Last four digits of account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

It is your responsibility to keep the YMCA informed of any changes to your account information. The YMCA requires notification at least 10 days prior to your draft date or you may incur an administrative/return fee up to \$25.

- 4. Rate Changes:** Membership rates are subject to change at any time with approval by the Greater Joliet Area YMCA Board of Directors. All rate changes will be communicated to members in writing.

**I HAVE READ THE ABOVE INFORMATION ABOUT THE Y's BILLING AGREEMENT AND UNDERSTAND THE PROCESS AND MY RESPONSIBILITIES.**

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

## CANCELLATION POLICY

- 1. YOU MUST REQUEST CANCELLATION OF YOUR MEMBERSHIP IN WRITING.** You may fax, e-mail, mail your written notice, or visit your branch. Your written cancellation request must be received by the YMCA **ten days** prior to your next billing cycle. If your request is received less than ten days prior to your scheduled billing date, your account will be drafted for that month. ***Memberships cancelled by the YMCA due to unpaid fees or failure to properly cancel will result in a \$10 processing fee.***
- 2.** If a payment is returned for any reason (NSF, declined credit card, etc.), a \$25 return fee will be assessed. If payment has not been electronically collected after 30 days and a maximum of two attempts, payment may be made at the branch. If membership fees remain uncollected, the membership may be terminated. The primary member (and any additional people on the membership) will no longer be able to participate in programs or use the facility until the outstanding balance has been paid and the membership has been reinstated.

**I HAVE READ THE ABOVE INFORMATION ABOUT THE Y's CANCELLATION POLICY AND UNDERSTAND THE PROCESS AND MY RESPONSIBILITIES.**

\_\_\_\_\_  
Signature of Primary Adult

\_\_\_\_\_  
Date

## SUPPORT THE ANNUAL CAMPAIGN

At the YMCA, no one is turned away for the inability to pay. We maintain this commitment thanks to gifts from donors like you. Your tax-deductible gift to our YMCA helps teach children to swim, gives seniors a place to connect with others and build strength, provides families with a place to grow together, and allows children to experience stability and the joy of learning in our care.

**YES! I/We want to support the YMCA Scholarship Fund with a tax-deductible gift of:**

\$25  \$50  \$100  \$200  \$500 Other Amount \_\_\_\_\_

**Payment Information:**  Check  Cash

Membership Payment method on file:  One-time  Monthly

Membership #: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

MBR Type Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_ R: \_\_\_\_\_