



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MARSHFIELD AREA YMCA MEMBERSHIP APPLICATION FORM

- Corporate Membership: Employer _____
- Financial Assistance

Membership Type:

- Youth College Adult Single Parent Family Family Senior Adult Senior Couple
- Healthy Hearts Therapy & Beyond Silver Sneakers

Member Information: (If Corporate Membership-Employee's Name First)

Last Name: _____ First Name/Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Gender: () Male () Female Date of Birth: ____/____/____ Employer _____

Home/Cell Phone: () _____ Work Phone: () _____

- Ethnicity: (1) Asian (2) African American (3) Hispanic (4) Native American (5) White (6) Other
 - Family Income: (1) \$0-10,000 (2) \$10-20,000 (3) \$20-30,000 (4) \$30-40,000 (5) \$40-50,000 (6) over \$50,000
- **For YMCA National reporting purposes only. Information will remain confidential.

Spouse: (only if Family Membership)

Last Name: _____ First Name/Middle Initial: _____

Gender: () Male () Female Date of Birth: ____/____/____

Children: (For Family or Single Parent Family Memberships with children/dependents under the age of 18. If dependents are full-time college students between the ages of 19 and 26, proof of full-time status is required with application).

Last Name: _____ First/Middle Initial: _____ DOB: ____/____/____ Gender: ____

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Last Name: _____ First/Middle Initial: _____ DOB: ____/____/____ Gender: ____

Emergency Contact:

Name: _____ Primary Phone: () _____

Safety & Security (The following questions must be answered):

Have you or any member of your family on this membership been convicted of a felony?
___ Yes ___ No If so, who and what was the felony? _____

Are you or any member of your family registered on the State Sex Offender Registry?
___ Yes ___ No



RESPONSIBILITIES & RELEASES

Membership Card – I understand that I must present my membership card for admission and cards are non-transferable. Abuse of any membership card may result in termination or suspension of the membership.

Liability – I assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my participating in YMCA physical activities or my presence at the Marshfield Area YMCA facility.

Photo/Talent Release – I hereby irrevocably release, consent and allow the Marshfield Area YMCA and its agent to use my photograph/likeness/voice as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Cancellation – Cancellation requires notice by the 14th day of the month to be effective that month. Corporate memberships, paid by using payroll deduction, require a 30-day notice. Cancellations are accepted by phone or email.

Sexual Harassment/Sexual Offender - It is against YMCA policy to allow any sexual harassment in the YMCA. If a member is found guilty of sexual harassment, their membership will be terminated immediately. If at any time a member is found to be registered on the State Sex Offender Registry, their membership will be terminated immediately.

Code of Conduct – As a YMCA member, I (and my family) agree to abide by the YMCA Code of Conduct. The YMCA is committed to providing a Christian atmosphere that ensures the highest level of respect and courtesy towards one another, a healthy environment and the proper use, maintenance and care of YMCA property and equipment. Every member and guest can expect the following: a smoke and drug free environment; an environment free from verbal abuse, swearing, and fighting; an environment that shows respect for the property of other members and staff; an environment free from verbal and physical harassment; and an environment that is free from inappropriate sexual behavior. Cell phones and cell phone cameras are not allowed in the locker rooms.

PLEASE INITIAL (after reading above)

_____ I have been informed of the above responsibilities & releases of the Marshfield Area YMCA.

Membership Agreement

I agree to adhere to the rules of the Marshfield Area YMCA. The YMCA reserves the right to take necessary disciplinary action, including suspension and total ban from the facility, if these rules are not followed. 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 understand the YMCA reserves the right to terminate or suspend memberships without refund of dues. All memberships are non-refundable and non-transferable. If a member terminates and then rejoins, a full joining fee will be required if more than sixty (60) days have passed. It is my responsibility to notify the YMCA of any address, name changes, and/or bank draft or credit card information changes.

Member Signature

Date

Revised 08/17

PAYMENT OPTIONS

processing fee of \$2.00 is added to memberships that are invoiced

- Paid in Full Bank Draft Credit Card Corporate Semi-Annual Quarterly Monthly

BANK DRAFT INFORMATION (attach Bank Draft or Credit Card Authorization Form)

A copy of a voided check must be attached to payment options form.

Corporate (attach Company Payroll Authorization Form)

Joining Fee: _____ (Joining fee paid once with continuous membership)
Membership Dues: _____ (1st month of dues collected at the time of joining)
Total Collected at Joining: _____ **Staff Initials:** _____

MARSHFIELD AREA YMCA

410 W McMillan St, Marshfield, WI 54449

P: 715.387.4900

W: mfidymca.org

