



COMMUNITY IMPACT APPLICATION

YMCA OF METROPOLITAN WASHINGTON

Membership # _____

PRIMARY MEMBER (PLEASE PRINT)

Last	First	MI
Nickname		
Birthdate / /	<input type="checkbox"/> MR.	<input type="checkbox"/> MRS. <input type="checkbox"/> MS.
Street		
City	State	Zip
Home ()	Cell ()	
e-mail		
<input type="checkbox"/> I understand that the YMCA of Metropolitan Washington is a non-profit charity with a mission to foster the spiritual, mental & physical development of individuals, families and communities according to the ideals of inclusiveness, equality and mutual respect for all.		
<input type="checkbox"/> I will make a recurring monthly gift to the YMCA, to be automatically drafted with my monthly membership payment. One Time Gift \$ _____		
Donation Amount <input type="checkbox"/> \$3 per month <input type="checkbox"/> \$5 per month <input type="checkbox"/> \$7 per month <input type="checkbox"/> Other \$ _____	Supporting <input type="checkbox"/> Youth Development <input type="checkbox"/> Social Responsibility <input type="checkbox"/> Healthy Living	

MEMBERSHIP SELECTION

TO BE COMPLETED WITH MEMBERSHIP STAFF			
<input type="checkbox"/>	Arlington Branch Membership	<input type="checkbox"/>	Tennis Center Membership
Type		\$	Enrollment Fee
\$	Enrollment Fee	\$	Annual Fee
\$	Pro-Rated Monthly Dues __/__/__ to __/__/__	\$	TOTAL DUE TODAY
\$	TOTAL DUE TODAY	<input type="checkbox"/>	Program Membership
\$	Monthly Membership Dues	Type	
\$		\$	Annual Fee
Billing Date:	<input type="checkbox"/> 10th <input type="checkbox"/> 26th	\$	TOTAL DUE TODAY

Program Membership provides access to enroll in Y programs and services. Program member fee is paid annually, due in full, and is non-refundable.

EMERGENCY CONTACT

Name	
Phone ()	Cell ()

VOLUNTEERISM

Please contact me to discuss opportunities to support the work of the YMCA as a volunteer

EMPLOYER

Company Name
Occupation
Phone ()

PERSONAL GOALS

Improve Health
 Develop Skills
 Social/Family time
 Play Competitively
 Rehabilitate injury/illness
 Reduce Stress
 Other _____

HOW DID YOU HEAR ABOUT THE YMCA?

Website
 Radio
 Program Guide
 Direct Mail
 Previous Member/Program Participant
 Another Member _____

ADDITIONAL FAMILY MEMBER INFORMATION

	First Name	Last Name	Birthdate	Gender Identity	e-mail
Second Adult					
Child					
Child					
Child					
Child					

FOR OFFICE USE ONLY

STAFF ENTERING APPLICATION (NAME) _____	DATE
STAFF AUDITING APPLICATION (NAME) _____	DATE
INITIAL PAYMENT ___ CASH ___ CHECK ___ CREDIT CARD ___ EFT	

ARLINGTON TENNIS CENTER MEMBERSHIP

Your annual membership will automatically renew on September first of each year. By signing you authorize that this account be charged for your annual dues and for any services rendered (i.e. Court fees, lessons) in the course of your membership. You can change the billing card at any time by notification in person or in writing. You are responsible for providing updates to your card on file in the case of expiration or card number change. If you wish to not renew your annual membership, notification in writing must be received by July 31st of the same year.

MONTHLY PAYMENT AUTHORIZATION (PLEASE CHECK METHOD OF MONTHLY PAYMENT BELOW)

BANK DRAFT AUTHORIZATION DRAFTS WILL OCCUR ON APPROXIMATELY THE 10TH OR THE 26TH OF EACH MONTH.

INITIALS _____

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for membership payments and/or contributions. It is understood that my EFT membership and any recurring gift I have elected to make as I have indicated on this form will be continuous until I provide written notice to the YMCA of membership cancellation one-month prior to the date of my monthly bank draft in order to be effective for the following month. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge. **If at any time there is to be a change, deletion, or cancellation of my membership and/or discontinuation of recurring gifts, it is to be submitted in writing to the YMCA branch where membership was purchased, along with my membership card(s) of cancelling membership, one-month prior to the date of my monthly bank draft** in order to discontinue the debit for the following month. Failure to do so will result in that month's draft being nonrefundable. A voided check is required with all electronic funds transfer applications.

BANK NAME	ACCOUNT #	ROUTING/TRANSIT #
SIGNATURE OF PARTICIPANT(S) OR PARENT GUARDIAN		DATE

CREDIT CARD AUTHORIZATION DRAFTS WILL OCCUR ON APPROXIMATELY THE 10TH OR THE 26TH OF EACH MONTH.

INITIALS _____

To ensure uninterrupted service, I authorize the YMCA to charge my credit card for membership payments and/or contributions. I understand that I must provide written notice of cancellation. **If at any time there is to be a change, deletion, or cancellation of my membership and/or discontinuation of recurring gifts, it is to be submitted in writing to the YMCA where membership was purchased, along with my membership card(s) of cancelling membership, one-month prior to the date of my monthly credit card draft** in order to discontinue the debit for the subsequent months.

NAME ON CARD	CREDIT CARD NUMBER	EXP DATE	
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC			
BILLING ADDRESS ON CARD	CITY	STATE	ZIP
SIGNATURE OF CARDHOLDER		DATE	

CONDITIONS OF MEMBERSHIP

All members are required to present a valid membership card for identification when using YMCA facilities and/or participating in programs. If for any reason members are unable to present membership cards, they are required to present photo identification. Membership cards are not transferable; remain the property of the YMCA; and must be returned to the YMCA upon request. 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. Monthly membership drafts continue indefinitely unless members provide written notice of cancellation, or the YMCA terminates the membership. Annual memberships must be renewed.

I understand that I will be automatically transferred into a new membership category on my birthday if I am eligible, in which event dues may increase or decrease. In the event of any other qualifying event that changes the category of membership for which I am eligible, I agree to notify the YMCA on or before the first day of the month following the month in which such event occurs.

ACKNOWLEDGEMENT: MY SIGNATURE ACKNOWLEDGES THAT I HAVE BEEN INFORMED OF THE LOCATION OF THE YMCA OF METROPOLITAN WASHINGTON'S MEMBERSHIP HANDBOOK ON THE YMCA OF METROPOLITAN WASHINGTON WEBSITE (WWW.YMCADC.ORG), AND THAT I AGREE TO OBSERVE THE YMCA'S POLICIES AND PROCEDURES AS OUTLINED IN THE MEMBERSHIP HANDBOOK AND AS THEY MAY BE AMENDED FROM TIME TO TIME. I RESERVE THE RIGHT TO REQUEST AND RECEIVE AN EXPLANATION FOR ANY PROVISION OF THE MEMBERSHIP HANDBOOK THAT I DO NOT UNDERSTAND. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR READING AND COMPLYING WITH NOTICES THAT ARE POSTED OR SENT TO MY ATTENTION.

INITIALS _____

Monthly membership drafts continue indefinitely unless members provide written notice of cancellation, or the YMCA terminates the membership. Annual memberships to any YMCA branch, except the YMCA Arlington Tennis & Squash Center, must be renewed.

I understand that I will be automatically transferred into a new membership category on my birthday if I am eligible, in which event dues may increase or decrease. In the event of any other qualifying event that changes the category of membership for which I am eligible, I agree to notify the YMCA on or before the first day of the month following the month in which such event occurs.

WHEN YOUR MEMBERSHIP PAYMENT IS ON THE 10TH, YOU MUST CANCEL IN WRITING BY THE 26TH OF THE PRIOR MONTH

WHEN YOUR MEMBERSHIP PAYMENT IS ON THE 26TH, YOU MUST CANCEL IN WRITING BY THE 12TH OF THE SAME MONTH

INITIALS _____

LIABILITY WAIVER

INITIALS _____

I understand the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which I, my spouse/partner, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of an facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse/partner, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage which may result from any of the foregoing. I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, this membership, the use of any facility or participation in any Activities. In the event I, my spouse/partner or minor children bring any guest to the YMCA of Metropolitan Washington facility or Activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YMCA and to inform them that they assume all liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.

I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or are on YMCA premises.

ACCEPTANCE

INITIALS _____

I acknowledge the WAIVER and CONDITIONS OF MEMBERSHIP set forth above and in the Membership Handbook, and, being in agreement with the Mission and Goals of the YMCA of Metropolitan Washington, hereby apply for membership.

SIGNATURE OF PARTICIPANT	DATE
SIGNATURE OF PARENT/GUARDIAN	DATE