



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Membership Enrollment Form WHATCOM FAMILY YMCA

MEMBER ID NUMBER

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## HOME BRANCH

BELLINGHAM
  FERDALE
  LYNDEN

## BILLING PARTY

FIRST NAME	MI	LAST NAME	M / F / O	BIRTH DATE (MM/DD/YYYY) / /
MAILING ADDRESS		PRIMARY EMAIL		PRIMARY PHONE NO.
CITY, STATE, ZIP		ALTERNATE EMAIL		ALTERNATE PHONE NO.
EMERGENCY CONTACT NAME		RELATIONSHIP TO BILLING PARTY		EMERGENCY CONTACT PHONE NO.

## HOUSEHOLD MEMBER INFORMATION (IF JOINING)

FIRST NAME	MI	LAST NAME	M / F / O	BIRTH DATE (MM/DD/YYYY) / /
1.				/ /
2.				/ /
3.				/ /
4.				/ /
5.				/ /

## PLEASE ADD THE FOLLOWING SERVICES TO MY MEMBERSHIP

<input type="checkbox"/> TOWEL SERVICE	NAME	<input type="checkbox"/> LOCKER SERVICE #1	<input type="checkbox"/> LOCKER SERVICE #2
<input type="checkbox"/> TOWEL SERVICE	NAME	LOCKER #1	LOCKER #2
<input type="checkbox"/> TOWEL SERVICE	NAME	COMBO #1	COMBO #2

I would like to make a donation to the YMCA Annual Campaign to help those who cannot afford YMCA Programs or Memberships. I authorize the YMCA to add the following amount to my monthly bank draft to support financial assistance.
  ANNUAL CAMPAIGN
  \$25
  \$15
  \$10
  OTHER \_\_\_\_\_

## EMPLOYER (S)

FIRST ADULT	SECOND ADULT
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## MONTHLY BILLING

DRAFT DATE <input type="checkbox"/> 1 <sup>st</sup> OF EACH MONTH <input type="checkbox"/> 15 <sup>th</sup> OF EACH MONTH	MEMBERSHIP TYPE:	STAFF ONLY: FA/EXPIRES
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## PAYMENT OPTION (SELECT ONE)

Automatic Transfer System: Checking or Savings Account
  Automatic Transfer System: Debit or Credit Card

## MY SIGNATURE, BELOW, CERTIFIES I HAVE READ AND UNDERSTAND THE FOLLOWING:

I authorize an Automatic Transfer System (ATS) membership payment each month from the specified checking/savings account or debit/credit card, on or after the date specified. Returned debit/credit card charges may be assessed a \$5 fee by the YMCA. The Y makes two attempts to collect the funds from your account.

I understand changes (includes membership cancellation) to my membership account must be done in person two (2) weeks before my next draft date in order to take effect on my next draft date. They may be done at any of our Welcome Desks. I also understand the amount charged may change (with a 30-day notification) as a result of dues increase or membership type change. I am responsible for notifying the YMCA if my address changes.

I understand that YMCA membership is non-refundable and non-transferable.

SIGNATURE OF RESPONSIBLE PARTY	DATE	STAFF INITIALS
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PLEASE COMPLETE BOTH SIDES OF THIS FORM TO ENSURE ENROLLMENT IS COMPLETE

**The YMCA, as a not-for-profit organization, receives funding from the United Way and other foundations that require statistical information on our membership. The following information is optional, confidential & collect only for this purpose.**

<b>RACE</b> <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Other	<b>HOW DID YOU HEAR ABOUT JOINING THE YMCA?</b> <input type="checkbox"/> Active Member Update <input type="checkbox"/> Newspaper <input type="checkbox"/> Billboard <input type="checkbox"/> Pandora Radio Ad <input type="checkbox"/> Drove By <input type="checkbox"/> ParentMap Magazine <input type="checkbox"/> Former Member <input type="checkbox"/> Place of Employment <input type="checkbox"/> Friend/Family <input type="checkbox"/> Postcard <input type="checkbox"/> Medical Referral <input type="checkbox"/> Social Media <input type="checkbox"/> Movie Theater Ad <input type="checkbox"/> Web Search Engine <input type="checkbox"/> Newsletter <input type="checkbox"/> Other <input type="checkbox"/> Website	<b>PRIMARY LANGUAGE</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other -please write below:
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**WHAT ARE YOUR ADULT AREAS OF INTEREST?**

<input type="checkbox"/> Adult Dance	<input type="checkbox"/> Cycling	<input type="checkbox"/> Healthy Lifestyles Programs	<input type="checkbox"/> Small Group Exercise Classes
<input type="checkbox"/> Adult Swim Lessons	<input type="checkbox"/> Diabetes Prevention	<input type="checkbox"/> Low Impact	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Adult Team Sports	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Strength
<input type="checkbox"/> Cardio	<input type="checkbox"/> Exercise & Thrive	<input type="checkbox"/> Mind-Body/Yoga	<input type="checkbox"/> Volunteer Opportunities
<input type="checkbox"/> Cardio Strength	<input type="checkbox"/> Flexibility, Balance & Core	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Water Exercise

**WHAT ARE YOUR YOUTH AREAS OF INTEREST?**

<input type="checkbox"/> Academic Enrichment	<input type="checkbox"/> Child Care	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Youth Fitness
<input type="checkbox"/> ACT! Actively Changing Together	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Leadership	<input type="checkbox"/> Youth Martial Arts
<input type="checkbox"/> Adaptive Activities	<input type="checkbox"/> Competitive Activities	<input type="checkbox"/> Volunteer Opportunities	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Camp	<input type="checkbox"/> Games & Activities	<input type="checkbox"/> Youth Dance	<input type="checkbox"/> Youth Swim Lessons

**ARE YOU INTERESTED IN VOLUNTEERING AT THE YMCA?**

<input type="checkbox"/> Aerobics/Group Exercise	<input type="checkbox"/> Coaching	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Family Recreation	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Teen Activities
<input type="checkbox"/> Board Member	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Spinning	<input type="checkbox"/> Volunteerism
<input type="checkbox"/> Child Care	<input type="checkbox"/> Parent-Child Programs	<input type="checkbox"/> Sports	<input type="checkbox"/> Other
<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Resident Camp	<input type="checkbox"/> Strength Training	

<b>ACTIVITY LEVEL</b> <input type="checkbox"/> Already Active <input type="checkbox"/> Previously Active <input type="checkbox"/> First Time Exerciser	<b>WOULD YOU LIKE TO VOLUNTEER TO HELP WITH THE YMCA ANNUAL CAMPAIGN?</b> <input type="checkbox"/> Yes - area of interest _____ <input type="checkbox"/> Yes - please contact me: _____ <input type="checkbox"/> No
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**CONDITIONS OF MEMBERSHIP**

**Member Health:** The applicant represents that he/she is in physically sound condition and understand participation in aerobics and other exercise weight training, recreational sports and use of pools, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant understands the Whatcom Family 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 Whatcom Family YMCA and its branches and understands failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

**Criminal History:** The applicant acknowledges it is the policy of the Whatcom Family YMCA to deny membership to any individual registered as a sex offender.

**Property Loss:** The applicant understands the Whatcom Family YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities for participating in YMCA programs.

**Photograph Permission:** The applicant hereby grants permission for the YMCA 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 the Whatcom Family YMCA does not provide any accident or health insurance for its members of participants and further understands it is the applicant's responsibility to provide such coverage.

**Membership Billing:** Any discrepancies to membership billing must be brought to the YMCA's attention within 90 days. The YMCA is not liable for any discrepancies to membership billing issues past 90 days.

**RELEASE OF WAIVER & LIABILITY**

I am aware that participation in YMCA programs and use of the YMCA facilities may involve certain hazards associated with equipment, physical exertion, games, sports and other programs/activities offered by the YMCA. In consideration of, and as part payment or, the right to use YMCA facilities and participate in YMCA programs, I will hold harmless the YMCA ("YMCA" includes its employees, volunteers, directors, officers and agents) for damages of any type, including permanent physical injuries or death, arising out of the ordinary negligence of the participation in YMCA programs. I fully understand and agree I am waiving all claims I may have against the YMCA arising out of the ordinary negligent acts by the YMCA, and I agree I will not bring a lawsuit against the YMCA arising out of its ordinary negligence. If any portion of the Release is held invalid, I agree the remainder shall continue to be enforceable.

SIGNATURE OF RESPONSIBLE PARTY	DATE	UNIT ID NO.
SIGNATURE OF ADDITIONAL ADULT APPLICANT	DATE	