

A large, stylized 'Y' logo is the central focus. The left vertical bar of the 'Y' is a dark teal color, while the right vertical bar and the bottom triangular point are a lighter, sky-blue color. To the left of the 'Y', the word 'the' is written in a light teal, lowercase, sans-serif font. To the right of the 'Y', the word 'YMCA' is written vertically in a light blue, uppercase, sans-serif font. A small 'TM' trademark symbol is located in the top right corner of the page.

TM

**The Cumberland YMCA mission
is to serve human needs
through programs and
services that promote lifelong
personal growth and the
balanced development
of spirit, mind and body.**

YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome to the Cumberland YMCA.
Your interest in Membership at the Y is appreciated.
If you have any questions regarding this application or any Y program or service,
please contact the member service desk or call (301) 777-9622.



Member Information

<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	<u>SUFFIX (Sr., II, III)</u>	<u>Birth Date</u>
<u>Street Address</u>			<u>Sex:</u> __ Male __ Female	<u>Race:</u> __ African American __ Asian __ Caucasian __ Hispanic/Latino __ Native American
<u>City</u>	<u>State</u>	<u>Zip Code</u>		
<u>Phone Number (Include Area Code)</u>		<u>Email Address</u>		

Employment Information of Member

<u>Company Name</u>	<u>Address</u>	<u>Position</u>	<u>Phone Number</u>
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Spouse's Information/ Emergency Contact Information

<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	<u>SUFFIX (Sr., II, III)</u>	<u>Birth Date</u>
<u>Phone Number (Include Area Code)</u>			<u>Sex:</u> __ Male __ Female	<u>Race:</u> __ African American __ Asian __ Caucasian __ Hispanic/Latino __ Native American
<u>Emergency Contact Name/Relationship</u>				
<u>Emergency Contact Phone Number(s)</u>				

Employment Information of Spouse

<u>Company Name</u>	<u>Address</u>	<u>Position</u>	<u>Phone Number</u>
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Dependent Family Members

First Name	Last Name (if different)	Birth Date	Sex	Race	Relationship

The information being requested is needed to gather statistical data for reporting to the County of United Way and to the YMCA of the USA. Your information will be held in the strictest confidence, but it is needed to determine how the Cumberland YMCA can better serve its community.

Are you a city resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Household Income <input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$24,000 <input type="checkbox"/> \$25,000-\$39,999 <input type="checkbox"/> \$40,000-\$74,999 <input type="checkbox"/> \$75,000 and over	Membership Category:	<input type="checkbox"/> Annual <input type="checkbox"/> Draft
Are you a county resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of County _____		<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> 2 Adults no children <input type="checkbox"/> 1 Adult w/ children <input type="checkbox"/> Senior <input type="checkbox"/> Student <input type="checkbox"/> Teen <input type="checkbox"/> Pre-Teen	

Volunteering Opportunities at the Y

Are you or your family willing to volunteer?	Events and areas at the Y that could use your help (Please check areas of your interest)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Family Nights <input type="checkbox"/> Teen Development <input type="checkbox"/> Policy Making Committee <input type="checkbox"/> Clerical <input type="checkbox"/> Y Teens Program <input type="checkbox"/> Buildings/Ground <input type="checkbox"/> Older Adults <input type="checkbox"/> Youth Sports <input type="checkbox"/> Health/Fitness

At the Y, Character Development is Important. The Cumberland YMCA is actively seeking to foster personal development through the YMCA's "Character Counts" program. All members and participants will be treated, and are expected to treat others with Caring, Honesty, Responsibility, and Respect.

Waiver

I understand that the Cumberland YMCA assumes no responsibility for injuries which I may sustain as a result of my physical condition or resulting from my participation in any athletic activity, sports program, the use of equipment, exercise or other activity. I expressly acknowledge on behalf of myself and my heir that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the Cumberland YMCA, its Board of Directors, assigns and/ or employees from any and all claims of injury, illness, death, loss, or damage which I may suffer as a result of participation in these activities.

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

I understand and acknowledge that no child under the age of 13 should be in the facility without the supervision of a parent/guardian.

I give my permission to the Cumberland YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

Acceptance

I acknowledge the Waiver as stated Above	For Employee Use Only:
_____	Received by: _____
Signature of Participant/Applicant	Date Received: ___/___/___
Date	Type of Membership: _____
_____	Amount Paid: \$ _____
Signature of Parent/Guardian (if under 18)	Joiner Fee: \$ _____
Date	Receipt #: _____
	Draft Amount: \$ _____

Bank Draft Information

Bank Draft

Checking Account Account Number _____

Savings Account Bank Routing Number _____

A voided check is required with all bank draft applications Draft Amount _____

Day of Monthly Withdrawal 1st 15th

Name of Customer/Card Holder _____ Name of Banking Institution _____

Bank Draft Authorization

TO THE YMCA: I give my authority to the above bank to honor preauthorized drafts drawn by the YMCA on my account for the payments indicated above. It is understood that the YMCA's transmission of a preauthorized draft to the bank 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 payment. Should any pre-authorized draft not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service fee of \$35.00 applied by the YMCA. The Bank Draft is a continuous membership plan. I understand that the membership will remain in effect until I initiate its termination by giving the YMCA a (30) day written notice. I understand that I must return my membership cards upon termination and that I will receive temporary cards for the balance of the time I have paid or will be paying. I also understand that all fees paid for the membership, including the joiner's fee are non-refundable.

Signature of Account Holder _____ Date _____

Signature of Parent/Guardian(if under 18) _____ Date _____

Cumberland YMCA Bank Draft Membership Policies

Bank Draft/ Credit Card is a continuous membership plan.

1. The YMCA Board of Directors may at their discretion adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least 30 days notice prior to any such change.
2. Membership cards remain the property of the YMCA and must be surrendered upon demand of the YMCA.
3. All fees paid for membership including the joiner's fee are non-refundable.

Cumberland YMCA Membership Cancellation Policy

Member's Ongoing Right to Cancellation

After the first (30) days of membership, you may cancel the remainder of your membership at any time by giving the YMCA written notice thirty (30) days in advance of the date you want to cancel.

Financial Assistance

At the YMCA, no one is turned away for inability to pay. The Y provides financial assistance for youth, families, and those with special needs. The YMCA's Financial Assistance Program is supported through contributions to the Annual Support Campaign, and County United Way. See the Front Desk for more information.

Acceptance

Signature of Participant

Date