



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HELPING YOU LIVE BETTER

Member Application



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.

Cumberland YMCA

www.cumberlandymca.org

(301)777-9622



Cumberland YMCA Membership Application and Bank Draft Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American
<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Phone Number</u> (Include Area Code)		<u>Email Address</u>	

Employment Information of Member

<u>Company Name</u>	<u>Address</u>	<u>Position</u>	<u>Phone Number</u>
---------------------	----------------	-----------------	---------------------

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</u> (Include Area Code)		<u>Sex:</u> _Male _Female	<u>Race:</u> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> 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>
---------------------	----------------	-----------------	---------------------

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 Are you a county resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of County _____	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"/> 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
--	---	--

Annual
 Draft

Volunteering Opportunities at the Y

Are you or your family willing to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Events and areas at the Y that could use your help (Please check areas of your interest) <input type="checkbox"/> Family Nights <input type="checkbox"/> Clerical <input type="checkbox"/> Older Adults <input type="checkbox"/> Teen Development <input type="checkbox"/> Y Teens Program <input type="checkbox"/> Youth Sports <input type="checkbox"/> Policy Making Committee <input type="checkbox"/> Buildings/Ground <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, 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 years old 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 _____ Signature of Participant/Applicant Date _____ Signature of Parent/Guardian (if under 18) Date _____	For Employee Use Only: Received by: _____ Date Received: ___/___/___ Type of Membership: _____ Amount Paid: \$ _____ Joiner Fee: \$ _____ Receipt #: _____ Draft Amount: \$ _____ Draft Date: ___ 1st ___ 15th
---	--

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 _____ 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 preauthorized 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 the termination by giving the YMCA a (30) day written notice. I understand that I must return my membership card 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 from the Annual Support Campaign and County United Way. See the Welcome Center for more information.

Acceptance

_____ Date _____

Signature of Participant