



MEMBERSHIP APPLICATION

MEMBERSHIP NUMBER

--	--	--	--	--	--	--	--	--	--

NAME

TITLE (MR., MRS., MS., DR.) FIRST NAME M.I. LAST NAME BIRTHDATE GENDER

RESIDENCE

STREET CITY STATE ZIP CODE

TELEPHONE NUMBERS / E-MAIL ADDRESSHOME PHONE CELL PHONE WORK OR OTHER
() () ()

E-MAIL ADDRESS

EMERGENCY CONTACT NAME and PHONE NUMBER

PAYMENT INFORMATION\$ _____ Membership Prorate Amount
\$ _____ Membership Rate
\$ _____ Joining Fee
\$ _____ Locker
\$ _____ Partners In Youth Donation
\$ _____ **Total Initial Payment****EMPLOYER**

COMPANY NAME

STREET CITY,STATE,ZIP

I prefer to be contacted via:

☐ Phone ☐ Mail ☐ Email in the ☐ Day Time ☐ Evening

Please let us know any areas of interests or suggestions:

MEMBERSHIP TYPE AND PAYMENT**Membership Type**

- ☐
- Youth/College
-
- ☐
- Young Adult (18-25)
-
- ☐
- Adult
-
- ☐
- Family
-
- ☐
- SP Family
-
- ☐
- Senior (62+)
-
- ☐
- Senior Family

Payment Plan☐ Annual ☐ COM**Draft Date is 15th**

Clergy/Mil Discount Y/N

Corporate Discount Y/N

Scholarship Discount Y/N

Member Initials: _____**Staff Initials:** _____

STAFF USE ONLY

NAME (LAST, IF DIFFERENT)

BIRTHDATE

GENDER

E-MAIL

SPOUSE/SECOND ADULT

1.

- -

M F

CHILDREN/DEPENDENTS

2.

- -

M F

3.

- -

M F

4.

- -

M F

5.

- -

M F

ADDRESS

6.

- -

M F

7.

- -

M F

Today's Date _____ Signature _____



Primary Member Name: (please print)

As a member/program participant of Ottawa YMCA, I agree to cooperate in the accomplishment of the YMCA's accepted purpose – to put Christian principles into practice that build healthy spirit, mind, and body for all. I recognize that YMCA programs and memberships embrace all types of members. I understand my membership is not transferable or refundable.

I understand that the Ottawa YMCA assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the Ottawa YMCA & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the Ottawa YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

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

Have you or anyone on membership currently or ever been required to register as a criminal sex offender? **Y N**

Any individual whose name appears on a county distributed listing of convicted child sex offenders shall be denied membership/program participation of the Ottawa YMCA. Any individual on this list shall have the right to appeal this decision to the YMCA Executive Committee within 60 days of denial. Applicant/Member is ineligible to participate while appeal is pending. Any current member/participant found on this list shall be given immediate written notice of their cancellation and has opportunity to appeal.

I agree to provide acceptable proof of eligibility to receive discounted memberships. If documentation is not received within 14 days of membership purchase, I understand my rate will revert to the non-discounted rate for my membership.

☐ FULL TIME COLLEGE (12+ credit hours)
☐ CORPORATE (For head(s) of household)
☐ MILITARY (Current Active)
☐ CLERGY (Must be full time profession)

[illegible]