



Membership Application

We are open to people of all ages, beliefs, incomes, races, genders and abilities.

We put Christian principles into practice through programs that build a healthy spirit, mind and body.

Membership Type Selection

<input type="checkbox"/> Youth (0-12)	<input type="checkbox"/> Teen (13-19)	<input type="checkbox"/> Adult (20+)	<input type="checkbox"/> Family with 1 Adult	<input type="checkbox"/> Family with 2 Adults	_____ % Exp: _____
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PRIMARY ADULT (Parent or guardian for applicants under 18)							Check ID <input type="checkbox"/>
N A M E	Legal First Name	Last Name	MI	Goes By	DOB (mm/dd/yy)	Gender	
H O M E	Street						Apt/Unit #
	City	State	Zip	Home Phone		Cell Phone	
W O R K	Employer					Email	
	Street						
	City	State	Zip	Work Phone			
Emergency Contact (Not in Household)		Relationship	Name (First & Last)			Phone	

2 nd ADULT FAMILY MEMBER							Check ID <input type="checkbox"/>
N A M E	Legal First Name	MI	Last Name	Goes By	DOB (mm/dd/yy)	Gender	
W O R K	Employer					Email	
	Street						
	City	State	Zip	Work Phone			

DEPENDENTS AND APPLICANTS UNDER 18 YEARS OF AGE						
Legal First name	MI	Last Name	Goes By	DOB (mm/dd/yy)	Gender	

Date	Join Fee Pd.	Dues Pd.	Staff Initials	Unit ID
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Conditions of Membership

Safety & Security

Identification—You must show proper ID (membership card) to gain access to the facility. If you are a member of the US Coast Guard and are active duty in Port Angeles, initially, you must bring a pass issued by the Coast Guard to register as a member.

Criminal History—It is our policy to deny access to individuals who have been convicted of committing a sexual offense.

Property Loss - The applicant understands that the YMCA is not responsible for personal property lost, damaged or stolen while using the Clallam County YMCA facilities or participating in its programs.

Member Health – The applicant(s) represent(s) that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of fitness equipment carry a potential risk of injuries, illness or death. The applicant further understands that the YMCA assumes no responsibility for such injury, illness or death.

Insurance - The applicant(s) understand(s) that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Membership Policies

Join Fees—All Memberships Types (excluding the Youth Membership) are required to pay a Joining Fee upon registration.

Cancellation, Refund Policy– All memberships (annual, semi-annual, bank draft, etc.) are continuous until you give written notice of cancellation. All cancellations must be in writing. You may cancel your membership at any time. However, no refunds will be given for non-EFT payers (invoice). **Monthly Bank Draft Payers:** If you submit your cancellation request at least three business (M-F) days before your membership dues draft and have not used the membership, you will not be charged for the month. If you submit your cancellation request for the current month after your membership dues draft or within three business days of your draft, we may not be able to stop it. You may be charged a *prorate* for the month.

Transfer, Price-Increase Policies-Membership status is non-transferable to other individuals. The YMCA Board of Directors may adjust the monthly rate applicable to your category of membership. You will receive written notice prior to any such changes. Other YMCA and membership policies, including those written here, are subject to change with or without notice.

Hold Policy – Holds are available to YMCA members as a means to maintain membership without paying full price, while unable to work out. Reasons for hold are *vacation, medical or other.* All holds must be in writing. Hold is \$5 per month--unless it is for medical reasons (no charge). Minimum period is 2 months; maximum is 6 months. Hold service is for full months only. If you submit your hold request **at least** three business days (M-F) before your membership dues draft, you will not be charged for the month. Hold requests submitted for the current month **after** membership dues draft **means your hold will begin the following month.**

Age Restrictions– Use of the facility is dependent on age of the individual. No child under 12 may be left alone in the building. He or she must be accompanied by a person age 12 or older. Play Care is available for children (0-11) for a nominal fee. Further restrictions are placed on usage of the fitness center. Please inquire about the Teens on Machines program.

Family Membership Qualifications---Applicants for YMCA membership will qualify for family membership rates if they meet one or more of the following criteria: 1) Any person who is living in a household and is listed with the IRS as a dependent. 2) Any dependent child, age 24 or younger, who is living at home and is related to members of that household. 3) Any foster child or exchange student while living in the household. 4) Any two adults who are living together in a romantic relationship.

Photograph Permission-I give my permission for the Clallam County Family YMCA to use any photographs or videos taken of me or other applicants on this form for future publicity purposes.

Member Conduct

We teach the four core values of caring, honesty, respect and responsibility. Each YMCA participant is responsible for his or her own behavior. Acceptable behavior is reflected by concern and respect for others, safety and care of the facilities. The YMCA is committed to providing an atmosphere that is free of offensive conduct.

Acceptance of Terms

I agree to abide by all policies and procedures of the YMCA and understand that failure to act in accordance with these rules may result in expulsion and revocation of my membership. I acknowledge the conditions of membership stated above, for myself and on behalf of the minor applicants listed, if any. I hereby release the Clallam County Family YMCA, its agents, servants and employees from all ordinary negligence, including all claims for injury, illness, death, loss or damage which may result from participation as a member.

Signature of Applicant

Date

*2nd Adult Applicant

Date

***Parent or guardian must sign if applicant is under 18**



Authorization for Electronic Funds Transfer (Bank Draft) for Membership Payments

Alternative Payment Options

- Annual Payments
- Semi-annual Payments
- Coast Guard Contract

Name of Primary Member: _____ Member Unit ID: _____

Is the Primary Member name the same as the name on the account we will be drafting from? (Circle one) YES NO

I hereby authorize my financial institution to honor pre-authorized drafts drawn by the YMCA on my account for membership payments and when my financial institution honors such drafts by charging my account this shall constitute my receipt for payment. I further stipulate to the following conditions:

I understand that the YMCA membership is continuous and that monthly drafts will continue until I give written notice as indicated below to change or terminate the membership.

I understand that I must give the YMCA WRITTEN NOTICE TO CHANGE OR CANCEL MY MEMBERSHIP. I understand that dues deducted are for the calendar month in which they are drafted.

I understand I am personally responsible for any draft payments not honored by my financial institution or other fees for any reason and agree to pay a \$15.00 service charge on ALL returned drafts. I understand that my membership will be inactive until draft amount and service fee is received.

I understand that the YMCA may increase membership fees and will notify me in advance of any increases to my monthly membership draft amount.

I hereby acknowledge I have read and agree to the conditions stated above.

Signature of **Holder** of Bank Account

Date

Name on Account **PLEASE PRINT**

Financial Institution Name

Bank Transit/Routing Number (Checking and Savings Only)

Account Number

Drafting from EFT: Checking Savings

Drafting from CC/Debit: Visa MC Discover

Expiration Date (Debit/Credit Transactions Only)

*Preferred Draft Day 5th 20th

***If you do not choose a draft day, your drafts will occur on the 5th of each month.**

A VOIDED check is required with all bank draft applications.