



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL LINCOLN COUNTY YMCA MEMBERSHIP

The CLC YMCA is a key collaborative leader improving the quality of life for all by being the champion for Youth Development, Healthy Living, and Social Responsibility.

PRIMARY ADULT (For all memberships, including youth)	Will you be applying for our financial assistance program for your membership? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	First Name: _____ MI: _____ Last Name: _____				
	Home Address: _____				
	City: _____ State: _____ Zip: _____				
	Best Phone: _____ Second Best Phone: _____				
	Email: _____				
	Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____				
	Race (Optional): <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
	Emergency Contact: _____ Emergency Phone: _____				
	Employer: _____				
SECOND ADULT MEMBER OR YOUTH ONLY MEMBER	How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Social Media <input type="checkbox"/> Online <input type="checkbox"/> School <input type="checkbox"/> Employer <input type="checkbox"/> Drove by				
	I understand that I will receive periodic e-mails from the Y to keep me up to date, and that I can opt out at any time. <input type="checkbox"/> No thank you				
	What Y Programs would you like to learn more about?				
	<input type="checkbox"/> Before & After School Programs		<input type="checkbox"/> FARMS at the Y		
	<input type="checkbox"/> Child Watch		<input type="checkbox"/> Family Activities		
	<input type="checkbox"/> Summer Camp		<input type="checkbox"/> Walking Track		
	<input type="checkbox"/> Child Care		<input type="checkbox"/> Tennis - Youth & Adult		
	<input type="checkbox"/> Personal Training		<input type="checkbox"/> Volunteering		
	<input type="checkbox"/> Group Exercise		<input type="checkbox"/> Youth Activities/Sports		
	(Specific classes? _____) <input type="checkbox"/> Other: _____				
HOUSEHOLD MEMBERS	Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No In what capacity? _____				
	Household Income (Optional): <input type="checkbox"/> \$0-13,999 <input type="checkbox"/> \$14,000-24,999 <input type="checkbox"/> \$25,000-39,999 <input type="checkbox"/> \$40,000-54,999 <input type="checkbox"/> \$55,000-74,999 <input type="checkbox"/> \$75,000+				
	The CLC YMCA is a nonprofit and firmly believes in serving all people. Therefore, this information is important so we can better understand the breadth of diversity of those we serve. Having this information also assists in funding opportunities which allows us to serve more people.				
	First Name: _____ MI: _____ Last Name: _____				
	Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____				
	Race (Optional): <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
Cell/Other Phone: _____ Email: _____					
Employer: _____ Emergency Contact: _____					
Emergency Phone: _____ Relation to Contact: _____					
HOUSEHOLD MEMBERS	First Name:	MI:	Last Name (if different):	Gender:	Date of Birth:
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____

CLC YMCA ANNUAL FUND

The CLC YMCA is a nonprofit organization providing millions in financial assistance and program support to the local community each year, so that everyone can learn, grow, and thrive. As a charity, we rely on the generosity of donors to continue our work.



☐ I would like to make a *one-time* donation:

☐ \$25 ☐ \$50 ☐ \$100 ☐ Other amount: \$_____

LIABILITY AND PHOTO RELEASE

I undersigned and understand the risks involved in YMCA programs and membership, that they involve activity which can create the possibility of serious injury, paralysis and even death. I hereby give permission for the registrant to receive emergency medical treatment should it be necessary. I also understand the Central Lincoln County YMCA and its employees shall not be liable for injury sustained at the YMCA. I also hold the Central Lincoln County YMCA and staff harmless for any accident or injury that might occur. I give permission for the YMCA to use photographs and videos of the registrant for promotion and public relations. The CLC YMCA has the right to terminate your membership for any reason.

MEMBER CODE OF CONDUCT

Together, we can all do more to help strengthen our community. Toward that end, the CLC YMCA membership should consistently celebrate the YMCA core values of caring, honesty, respect, and responsibility with behavior that illustrates those values. The CLC CYMCA reserves the right to suspend or terminate membership privileges for behavior not in accordance with our values.

MEMBERSHIP ACCOUNT POLICIES

Memberships: Monthly memberships require a monthly EFT draft plan. Annual memberships require a 12-month enrollment and require payment by check, credit card, or cash. Membership is continuous until canceled. YMCA membership is non-refundable and non-transferable.

Drafting Date: EFT deductions will be taken out on the 15th of the month. The YMCA reserves the right to re-attempt an EFT deduction within 15 days if the bank draft or credit card returns due to insufficient funds or any other reason.

Account Changes: You must notify the Y using the CLC YMCA Change form in advance of any membership updates, changes or bank account or credit card changes.

Payment Returns and Unpaid Balances: All bank drafts and credit cards returned due to insufficient funds, closed accounts, or any other reason will be charged a \$25 processing fee. Members will be denied YMCA access if they have an unpaid balance and have not set up a payment arrangement with the YMCA Finance office.

Cancellations: Memberships may be canceled at any time provided you notify the Y using the YMCA Change Form. **Thirty (30) days** notice is required for termination of membership. I further understand that canceling my membership does not relieve me of the responsibility to pay my account in full.

Holds: Memberships may be placed on hold at any time up to a max of 6 months provided that you notify the Y, in writing using the YMCA Change Form 30 days prior to needing the hold. A \$5 per month holding fee will be applied. A medical hold is available at no cost to those who provide documentation from a licensed physician.

Credits/Refunds: YMCA memberships, registration fees and deposits are non-refundable and nontransferable. Fees for members who leave the CLC YMCA for behavioral reasons will not be refunded. Program fees are refunded or prorated at the discretion of the program director.

FOR YOUR SAFETY

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Signature: _____
(A parent or guardian must sign if applicant is under 18 years of age)

Date: _____

FOR OFFICE USE - STAFF TO COMPLETE

TOUR DATE: ____/____/____

GUIDE: _____

WELCOME EMAIL: Date sent: ____/____/____

WELLNESS ORIENTATION: Did member sign up for orientation? ☐ Yes ☐ No

EMPLOYER DISCOUNT: _____

TYPE OF MEMBERSHIP

- ☐ Family
☐ Adult
☐ Youth (0-18)
☐ Young Adult (19-25)
☐ Senior Individual (65+)
☐ Senior Couple (65+)
☐ Seasonal _____

EBHI MEMBERSHIP (DPP, etc): _____

START DATE: _____ END DATE: _____

PAYMENT

Membership Fee \$ _____
Joiner's Fee \$ _____
Child Watch \$ _____
Locker \$ _____
Total Paid \$ _____

FINANCIAL ASSISTANCE ☐ Yes ☐ No

MFA ASSISTANCE ☐ Yes ☐ No

DRAFT INFORMATION

1st Draft Date: ____ / ____ / ____
Mem Draft Amt \$ _____

MFA INFORMATION :

Mem Draft % DISCOUNT _____

Annual Income \$ _____

Verified Document: _____

UNIT ID #: _____

PAYMENT TYPE

- ☐ Credit ☐ Check/EFT
☐ Cash (Annual Only)