



MEMBERSHIP APPLICATION

We build strong kids, strong families, strong communities.

TYPE OF MEMBERSHIP: *Please choose one.*

- Youth (7-18 years) Young Adult (19-29 years) Adult (30-61 years) Senior (62 years & older) Trade Out _____
- Couple Senior Couple Family _____ Individual w/Disability Employee _____

PRIMARY MEMBER: *This person is responsible for payments and will receive correspondence from the YMCA.*

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell/Work Telephone Number: _____

Email address: _____ *(We do not distribute or sell email addresses)*

Age: _____ Date of Birth: ____/____/____ Gender: Male Female Marital Status: Single Married

ADDITIONAL MEMBERS: *For couple, family or youth memberships only.*

Last Name	First Name	Middle Initial	Date of Birth	Gender	Relationship to Primary Member

EMERGENCY CONTACT: *For individual membership holders, please list a family member or friend we may contact in case of an emergency. For all couple and family membership holders, the primary member will default as the emergency contact.*

Name: _____ Telephone Number(s): _____ Relationship to Member: _____

PAYMENT METHOD: *Please choose one.*

- Payment in Advance for 3 months 6 months 12 months

- Monthly EFT/Bank Draft from a checking or savings account *(attach a copy of a voided check)*

Routing Number: _____ Account Number: _____

- Monthly Credit/Debit Card payment

Type of card: _____ Account Number: _____ Expiration Date: ____/____/____

PAYMENT AUTHORIZATION: *Please read and initial each item and sign and date the bottom.*

____ I authorize my financial institution to honor drafts drawn by the Missoula Family YMCA on my account. Drafts from my account will be deducted on the 5th of each month. The amount drafted will be the current amount due on my account.

____ I understand that EFT/bank drafts to the Missoula Family YMCA are administered by E-Cash Flow. I understand that any non-sufficient draft will be charged a \$30 fee by E-Cash Flow and is non-refundable. If E-Cash Flow is unable to collect dues from my account after 20 days, it is my responsibility to make payment to the Missoula Family YMCA for all fees due, including any fees not covered by my financial institution.

____ Should any draft, through monthly EFT/bank drafts or credit/debit cards not be honored by my financial institution, I understand that it is my responsibility to make payment for all fees due, including any fees not covered by my financial institution.

____ I understand that I will be notified in writing of any monthly rate changes that are approved by the Missoula Family YMCA Board of Directors during the course of my membership. I understand that all down payments are non-refundable.

Primary Adult's Name: _____ Signature: _____ Date: ____/____/____

(The back of this application lists other important information about your membership; please turn over and complete.)

CHANGES/CANCELATION OF MEMBERSHIP: Please read and *initial* that you agree to the following statement.

_____ I understand that I must give the Missoula Family YMCA **written** notice by the **LAST DAY** of the month to make changes to my account or to cancel my membership for the following month. I understand my dues are continuous and automatically renewed.

WAIVERS: Please read and sign the following waivers. Each adult on the membership must sign this section and list any minor child(ren) on the membership for whom they are responsible.

The Missoula Family YMCA provides many recreational activities to the public. Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise. I, the undersigned, do understand that upon using the Missoula Family YMCA facilities and/or programs and/or services that I hereby assume all risks for the behavior, actions, and safety of myself, my minor child(ren) while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. I also understand that I can be denied access to the Missoula Family YMCA if my account is not current. I understand that to enter the Missoula Family YMCA on each visit I will need to bring my membership card. While on the premises of the Missoula Family YMCA facility or enrolled in any Missoula Family YMCA programs, I agree to act with Caring, Honesty, Respect and Responsibility.

Primary Adult's Name: _____ Signature: _____ Date: ____/____/____

Second Adult's Name: _____ Signature: _____ Date: ____/____/____

Name(s) of Minor Child(ren) I am responsible for: _____

I hereby grant the Missoula Family YMCA, its legal representatives and assigns, those for whom the Missoula Family YMCA is acting with their authority and permission, the absolute right and permission to copyright and use, reuse, publish, and re-publish photographic portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, from time to time, in conjunction with my own or a fictitious name or reproductions thereof in color or otherwise made through any media at their offices or elsewhere for art, advertising, trade or any other purposes whatsoever. I also consent to the use of any printed matter in conjunction therewith. I hereby release, discharge, and agree to save harmless the Missoula Family YMCA, its legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof even though it may subject me to ridicule, scandal, reproach, scorn and indignity. I state further that I have read the above authorization, release, and agreement prior to its execution and that I am fully familiar with the contents thereof.

Primary Adult's Name: _____ Signature: _____ Date: ____/____/____

Second Adult's Name: _____ Signature: _____ Date: ____/____/____

Name(s) of Minor Child(ren) I am responsible for: _____

ADDITIONAL INFORMATION:

_____ I understand that all members are checked against the Montana Sexual and Violent Offender Registry and may be denied membership at the Missoula Family YMCA.

The Missoula Family YMCA is dedicated to building a healthy spirit, mind and body for each person it serves. Through programs based on Christian principles, the YMCA helps strengthen families and build a better community. By answering the following questions you will help us to continue to meet our mission and goals.

How did you learn about the Missoula Family YMCA?

- _____ Direct mail
- _____ Employer
- _____ Friend or family
- _____ Internet
- _____ Live in the area
- _____ Medical referral
- _____ Newspaper
- _____ Radio
- _____ School flyer
- _____ Television
- _____ Other: _____

What interests helped you make the decision to join the YMCA?

- _____ Affordability/Financial Assistance
- _____ Child Watch Center (Drop-In Nursery)
- _____ Family programs
- _____ Group exercise classes
- _____ Health & Wellness Center
- _____ Indoor track
- _____ Strength training
- _____ Swimming programs/pool
- _____ Weight loss
- _____ Youth programs (sports, camps, etc.)
- _____ Other: _____

What is your annual gross household income?

- _____ \$0-14,999
- _____ \$15,000-24,999
- _____ \$25,000-34,999
- _____ \$35,000-44,999
- _____ \$45,000-54,999
- _____ \$55,000-64,999
- _____ \$65,000-\$74,999
- _____ \$75,000 and above