



Kandiyohi County Area YMCA

1000 Lakeland Drive South East Willmar, MN 56201
 Phone: (320) 222-9622 Fax: (320) 222-7197

Membership Application

_____ Primary Contact: Last Name First _____ Date of Birth _____ M F
Gender

_____ Mailing Address _____ City, State _____ Zip Code _____ Phone Number

_____ Emergency Contact Name & Phone (*Cannot be someone on account*) _____ E-Mail Address

_____ Employer Name (Optional) _____ Date

How did you hear about the YMCA? ___ Friend ___ Family ___ Radio ___ Internet ___ Other

Is your health insurance eligible for a fitness benefit? ___ Yes ___ No (Please ask staff if you're unsure about insurance benefits)

Membership Type (Check one)

___ Family (Married couple + children) ___ Youth through High School

___ Single Parent Family (Parent + children) ___ College (Must be taking at least 12 credits)

___ Single Adult (Post High School, 18 or over.)

Additional Member Information

Name of Others Wanted on Membership	Gender	Date of Birth	School Attending

Additional Member Options (*Please **initial** if you would like any of these services added to your membership*)

___ Kit Locker (\$3.50 Monthly) ___ Towel Service (\$5.00 Monthly) ___ Family Towel Service (\$9.00 Monthly)

___ 24/7 Access (\$20.00 Annually for account+\$10.00 purchase price for key fob per person) ***Must sign an additional form**

YMCA Membership Cancellation Policy

The plan automatically renews unless the YMCA receives written cancellation notice 10 days prior to the last day of the month. Directly calling my bank or credit card company will not cancel my monthly draft. I also understand that there are no refunds for failure to notify at the proper time. Your YMCA Board of Directors reserves the right to shut down the facility once a year for up to a week for maintenance purposes. Initialing below verifies that you understand and agree to the YMCA Membership Cancellation Policy.

Member Initials _____

Staff Initial _____

In consideration of gaining membership to the Kandiyohi County Area YMCA, use the facility, its equipment or machinery, and be allowed to participate in activities or programs, I do hereby waive, release, and forever discharge the Kandiyohi County Area YMCA, its officers, agents, employees, representatives, executors, and all others acting on their behalf, for any injury or damage, to include those caused by the negligent act or omission of any of those mentioned, from any and all responsibility and liability resulting from, or in any way connected with, participation in any activity or the use of any machine or equipment at the Kandiyohi County Area YMCA facility. I agree to adhere to all policies and follow all rules in place at the Kandiyohi County Area YMCA. I agree to let the Kandiyohi County Area YMCA take copyright, publish any photos for art, advertising, education, promotion, or any other purpose consistent with the YMCA mission and agree that the photograph becomes the exclusive property of the Kandiyohi County Area Family YMCA.

Signature _____

Date _____

Payment Options (check one)

_____ **Automatic Payment Bank Draft/Credit/Debit Card** _____ 5th or _____ 20th

_____ Enter card/bank account today **OR**

_____ Will pay next visit (new members only if staff cannot enter today)

_____ **Pay Monthly Cash/Check/Card** *Must pay 2 months in advance

**Authority to bank or credit card company*

I hereby authorize the Kandiyohi County Area YMCA to draw funds from my bank account/ credit card on my account.

I understand that I am liable for these dues. If a bank draft option is chosen, funds will be drawn on either the 5th or 20th of each month.

****Note: there are no refunds for annual memberships.**

Member Signature _____ Date _____

For Staff Use Below

Amount Pd _____ (staff only)

Verified Photo I.D. ___Yes ___No

Staff Name Taking _____ Date _____

Membership Start Date _____

Verifying Staff Name _____ Date _____