



# Kandiyohi County Area Family YMCA

PO Box 757

1000 Lakeland DR SE Willmar, MN 56201

320-222-9622 www.kandiyymca.org

## Membership Application

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

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 (Instruction forms available at the front desk)

### 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	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 per month)

**Towel Service**  
( \$5.00 per month)

**Family Towel Service**  
\$9.00 per month)

**24/7 Access** (\$20.00 Annual fee per account+\$10.00 for key FOB) **Must sign additional form**

**Cancellation Policy**

This calendar month plan automatically renews unless I sign the YMCA cancellation form by the 20<sup>th</sup> of the month. Directly calling my bank or credit card company will not cancel the monthly dues. There are no refunds for failure to notify the YMCA within the required time frame.

**Membership Waiver**

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

The YMCA Board of Directors reserves the right to shut down the facility once a year for up to a week for maintenance and cleaning.

The YMCA may take, copyright, or publish my photograph for art, advertising, education, promotion, or any purpose consistent with the YMCA mission and agree that the photograph becomes exclusive property of the YMCA.

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.

By signing below I verify that I have read and understand the above information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Payment Options** (check one)

\_\_\_\_\_ **Automatic Payment Bank Draft/Credit/Debit Card\*** \_\_\_\_\_5th or \_\_\_\_\_20th

\_\_\_\_\_ Scan card/Enter 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)

\_\_\_\_\_ **Jennie-O Payroll Deduction** (You must fill out Jennie-O Payroll Deduction Form & attach a copy of your Jennie-O ID card)

*\*Authority to bank or credit card company*

I hereby authorize the YMCA to draw funds from my bank account/credit card and I understand that I am liable for these membership dues. Funds will be drawn on either the 5th or 20th of each month.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Note: There are no refunds for prepaid memberships\*\***

**For Staff Use Below**

**Amount Paid** \_\_\_\_\_

Staff Taking Application \_\_\_\_\_

Membership Start Date \_\_\_\_\_

Verifying Staff \_\_\_\_\_

Verified Photo I.D. \_\_\_Yes \_\_\_No

Date \_\_\_\_\_

Date \_\_\_\_\_