



Kandiyohi County Area Family YMCA

1000 Lakeland Drive Southeast * Willmar, MN 56201

Phone: (320)222-9622 Fax: (320)222-7197

MEMBERSHIP APPLICATION FORM

Primary Contact: Last Name _____ First Name _____ Middle Initial _____ Application Date _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date of Birth _____ **M / F**
Gender

Employer Name and Phone # _____

Emergency Contact Name and Phone # _____

E-Mail Address _____

Race/Ethnicity:

- American Indian Alaskan Native African Am/Black Asian/Pacific Islander Caucasian/White Hispanic Other

MEMBERSHIP INFORMATION (CIRCLE ONE)

- Family Single Parent Family Single Adult Youth College Student
18 & over (Post High School) High School and Under 12 or more credits

Name	M/F	Date of Birth	Race/Ethnicity	Employer Name & Address or School Name & Grade
(Spouse)				

Is your health insurance eligible for a fitness benefit? Yes _____ No _____

Please ask staff if you are unsure if your plan qualifies.

Y In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA. I authorize the YMCA to take, copyright, use, and publish photos for purposes of art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the Kandiyohi County Area Family YMCA.

Signature _____ Date _____

PAYMENT INFORMATION

Payment Options:

Monthly Bank Draft Draft Date: 5th 20th
 Monthly Credit Card: Visa Master Card American Express Discover
 Annually: Cash Check Bank Draft Credit Card

BANK DRAFT/CREDIT CARD AGREEMENT

AUTHORITY TO BANK or CREDIT CARD COMPANY —I hereby authorize the Kandiyohi County Area Family YMCA to draw funds from the account listed below for YMCA Membership and programs. 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 the 20th of each month. There are no refunds for annual memberships.

Name of Financial Institution: _____

Bank Routing Number: _____ Account No: _____

Please enclose a voided check or withdrawal slip.

Credit Card Type: Visa Master Card American Express Discover

Credit Card No: _____ Expiration Date ____/____/____

Member Signature: _____ Date: _____

YMCA Membership Cancellation Policy: The plan automatically renews unless the YMCA receives written cancellation notice 15 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. Initialing below verifies that you understand your YMCA Board of Directors reserves the right to shut down the facility once a year for up to a week for maintenance purposes.

Member Initials: _____ Staff Initial: _____ Date: _____

For Staff / Office Use Only:

Verified Photo I.D. _____

Scheduled Fitness Consultation Yes No Date _____ Time _____

Comments:

Staff Initials _____

For Staff / Office Use Only:

Membership Start Date _____ Amount Paid \$ _____

Staff Initials: _____ Date _____