



Kandiyohi County Area Family

1000 Lakeland DR SE PO Box 757 Willmar, MN 56201
320-222-9622 www.kandiymca.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 _____ 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)

☐ Multi Adult Household
☐ 1 Adult Household
(Household Memberships include free Child Watch & Towel Service)
☐ Adult (26-64)

☐ Youth (0-18)
☐ Young Adult(19-25)
☐ Senior (65+)
☐ Senior Couple (Both 65+)

Adult Memberships include 24 hour access with purchase of FOB for \$25

Additional Household Members (\$10 for each adult over 2 on Multi Adult Households))

Name	Gender	Date of Birth	School Attending

Complete and sign reverse side for payment and waiver information

Cancellation Policy:

Initials _____

This calendar month plan automatically renews unless I sign the YMCA cancellation form by the 20th of the month.

If canceled before the 20th of the month your membership will end the first of the next month.

You will still be paying for the current month.

Example: Cancel before January 20th your membership will end Feb1st but your payment for January will still come out on the 5th or 20th.

There are no refunds for failure to notify the YMCA within the required time frame.

Membership Waiver:

Initials _____

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

_____ **Corporate Payroll Deduction** (You must fill out Corporate payroll Deduction Form & attach a copy of your 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****

6/11/2020

For Staff Use Below

Amount Paid _____

Staff Taking Application _____

Membership Start Date _____

Verifying Staff _____

Verified Photo I.D. ____ Yes ____ No

Date _____

Date _____