



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Mount Vernon Membership Application

PLEASE PRINT ALL INFORMATION CLEARLY:

Name: _____ Birthdate: _____ Age: _____ Gender: M F
 Address: _____ Apt #: _____ City: _____
 State: _____ Zip Code: _____ E-Mail: _____
 Home Phone #: _____ Alternate Phone #: _____ Preferred Method of Contact: Phone E-mail
 If referred by a member, name of referral: _____

MEMBER SUCCESS QUESTIONS:

Fitness goal: _____
 What are you most interested in? Cardio Equipment Free Weights Classes Pool Socialization
 What days and/or time do you plan to use the facility?: _____
 Would you like to set up an appointment with a Member Advisor?: Yes No

MEMBERSHIP RATES:

Youth (0-13)	Young Adult (14-20)	Adult (21-61)	Senior (62+)	Family	One-Parent Family	Senior Couple (62+)
\$20	\$23	\$41	\$36	\$63	\$57	\$56

**Any new membership or one that has lapsed for 30 days will be charged a joiner fee, \$15 for individual or \$20 for couple*

Please complete if purchasing a family membership or youth membership
(Family member defined as spouse and/or dependent children)

	Age	Birthdate	Grade	Gender
Spouses Name: _____				
Child's Name: _____				
Child's Name: _____				
Child's Name: _____				
Child's Name: _____				

"I understand that Membership does not take effect until payment information is processed. I also understand that this is a monthly perpetual membership and it is my responsibility to notify the YMCA of Mount Vernon of my intent to **cancel** my membership in writing by **the last day of the month**, in accordance with the cancellation policy. No membership dues will be refunded when facilities are not used."

"I (the member and his/her dependents) assume all risks, injuries, and property damage incidental to the use of the YMCA facility, including, but not limited to physical activities in which I (we) am (are) engaged."

"I authorize the YMCA to deduct my membership dues on the 1st or 15th of each month in the amount of \$ _____ from my credit/debit card with the last 4 digits ending in _____ or checking account (voided check must be attached). I understand that if my account does not have sufficient funds on the specified draft day, the YMCA has permission to re-process the returned fees within 10 days after the original draft day."

Member's Signature (if under 18 - parent/guardian signature) _____
Today's Date

STAFF USE ONLY (Please initial):

Entered into Daxko: _____ Picture in Daxko: _____ Told member about Refer a Friend, Member Loyalty, FC Challenges, and Member Advisor: _____