



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: Joiner Fee: \$15-individual and \$20-couple/family (Rates are subject to change)

Youth (0-13)	Young Adult (14-20)	Adult (21-61)	Senior (62+)	Family	One-Parent Family	Senior Couple (62+)
\$21	\$25	\$45	\$40	\$65	\$60	\$60

**Category type is determined by age, if your age changes that would qualify you into another category while your membership is still active, the system will automatically move you into the next category in which will affect your rate.*

Please complete if purchasing a family 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: _____