



MEMBERSHIP FORM

YMCA OF MOUNT VERNON

PLEASE PRINT INFORMATION CLEARLY:

Primary Adult Name: _____ Birthdate: _____ Age: _____ Gender: M F
Address: _____ Apt #: _____ City: _____
State: _____ Zip Code: _____ E-Mail: _____ Phone #: _____
Emergency Contact Name: _____ Emergency Contact Phone #: _____

SELECT THE APPROPRIATE MEMBERSHIP TYPE AND MONTHLY RATE (PRICE IS SUBJECT TO CHANGE):

***If your age changes while your membership is active and moves you into a different age category, your monthly rate will automatically change**

- ☐ **Youth \$29:** Ages 0-17 ☐ **Young-Adult \$37:** Ages 18-24 ☐ **Adult* \$52:** Ages 25+ ☐ **Couple* \$73:** Adult & Spouse Ages 25+
☐ **Family: \$76:** Adult & Spouse with dependent children *Ages 62+ receive 5% off per month

FAMILY OR YOUTH INFORMATION (IF APPLICABLE):

*Please let the front desk staff know if any of your children that will be utilizing child watch have any medical conditions that staff should be aware of.

Dependents	Birthdate	Gender	Phone Number
Spouses Name: _____			
Child's Name: _____			
Child's Name: _____			
Child's Name: _____			
Child's Name: _____			

MEMBER QUESTIONS:

If referred by a member, name of referral: _____ **If you are over age 18, do you want 24/7 access? ☐ Yes ☐ No**

What are you most interested in?: ☐ Cardio Equipment ☐ Free Weights ☐ Classes ☐ Pool ☐ Socialization

Would you like an Equipment Orientation?: ☐ Yes ☐ No

Fitness Goal: _____

How did you hear about the Y?: _____

ANNUAL CAMPAIGN CONTRIBUTION:

I would like to support the Annual Campaign by increasing my membership dues by: ☐ \$1 ☐ \$5 ☐ \$10 ☐ Other \$ _____

PHOTO RELEASE:

I give the YMCA permission to use photos of myself or my family members for advertising, display, printed materials or other uses. If I do not grant permission, I will notify the YMCA Membership staff by emailing membership@mtvymca.org.

CANCELLATION POLICY:

"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."

CODE OF CONDUCT, MEMBERSHIP POLICIES AND FACILITY RULES:

"I, along with my dependents, accept all risks, injuries, and potential property damage associated with using the YMCA facilities, including but not limited to participation in physical activities."

"I agree to follow all policies and procedures outlined in the YMCA of Mount Vernon's Code of Conduct, Membership Policies, and Facility Rules. I understand that non-compliance may lead to suspension or termination of my membership."

SEX OFFENDER SCREENING:

"I understand 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."

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION:

"I authorize the YMCA of Mount Vernon to initiate debit entries to my provided account. This authority remains in effect until the YMCA of Mount Vernon receives written notification from me of its termination, as stated in the cancellation policy. I authorize the use of the provided billing method for any debts, past and future, incurred on my account."

Member's Signature (If under 18 - parent/guardian signature) _____

Today's Date _____

STAFF USE ONLY (Please initial): Entered into Daxko: _____ Picture in Daxko: _____ 24/7 Access Granted: _____