



Membership Application

Date _____ New _____
 Member Code _____ Renew _____
 MID-PID _____ Change _____

Please Print! Important Notice: YMCA Memberships are Non-Refundable and Non-Transferable.

First Name _____ MI _____ Last Name _____

Male _____ Female _____ Birth Date MM/DD/YYYY _____ Locker Number _____

Street _____ City _____ State _____ Zip _____

Home () _____ Work () _____ Cell () _____

E-mail _____ Employer/School _____

*The YMCA of the Cedar Rapids Metropolitan Area is committed to serving people regardless of their ability to pay. To do this, we ask for funding (grants or donations) from outside sources to cover these costs which require this information of us. Please fill this out. Your information is kept **strictly confidential**.*

- | <u>Gross Annual Household Income (Before Taxes)</u> | | <u>Ethnicity</u> | |
|---|-----------------------|--------------------------|--------------------------|
| ◇ Under \$20,000 | ◇ \$40,000 – \$44,999 | ◇ Asian/Pacific Islander | ◇ Hispanic/Latino |
| ◇ \$20,000 – \$24,999 | ◇ \$45,000 – \$49,999 | ◇ African-American | ◇ Indian/Native American |
| ◇ \$25,000 – \$29,999 | ◇ \$50,000 – \$54,999 | ◇ Caucasian/White | ◇ Multicultural |
| ◇ \$30,000 – \$34,999 | ◇ \$55,000 – \$59,999 | ◇ Other _____ | |
| ◇ \$35,000 – \$39,999 | ◇ \$60,000 and above | | |

Emergency Contacts

#1 First Name _____ Last Name _____ Relationship _____

Home () _____ Cell () _____ Work () _____

#2 First Name _____ Last Name _____ Relationship _____

Home () _____ Cell () _____ Work () _____

Household Information Provide information on OTHER members on this membership.

First Name	MI	Last Name	M/F	Birth Date MM/DD/YYYY	Employer/School	Ethnicity	For Office Use Only List 01, 02... Locker #	

WAIVER: In consideration of my participation in activities at the YMCA of the Cedar Rapids Metropolitan Area, I assume all risk of injury that may occur to myself and/or my family, and do hereby agree to hold free from any and all liability, and otherwise indemnify, the YMCA of the Cedar Rapids Metropolitan Area and their respective officers, employees, agents, volunteers and members and do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for injuries and/or damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in any activities of the YMCA of the Cedar Rapids Metropolitan Area. I hereby declare myself and my family members to be physically sound, capable of, and electing to participate in the activities of the YMCA of the Cedar Rapids Metropolitan Area. Further, I grant the YMCA of the Cedar Rapids Metropolitan Area permission to use photos and/or videos of myself and/or my family taken during YMCA programs, classes and activities to be used in its promotional materials, locally and nationally.

Signature of Applicant or Parent/Guardian (if minor) _____

Date _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Attendance Report Authorization

◇ By checking here, I and my household authorize the YMCA to create and release to _____ me or _____ my employer a computerized printout of my attendance at the YMCA.
initial initial

How would you like the YMCA to supply the report? ◇ Fax to Employer: Fax number _____ ◇ I will pick up the form at the Front Desk of:

◇ Helen G Nassif, ◇ Marion, or ◇ Stoney Point YMCA.

Start Date: _____ End Date: _____

Please note: If you want facility usage reports on a continuous basis, indicate the start date above and then write "Continuous" on the End date line. This process will be discontinued if reports are not picked up two consecutive months.

Volunteer Opportunities

The YMCA of the Cedar Rapids Metropolitan Area relies upon people in the community to give of their talents in order to operate effectively. Please consider giving of your time to this worthy organization.

Would you like more information regarding the YMCA volunteer program? Yes No

What area would you be interested in giving time and energy to?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Youth/Adult Sports | <input type="checkbox"/> Clerical/Filing | <input type="checkbox"/> Maintenance/Cleaning | <input type="checkbox"/> Marketing/Membership |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events | <input type="checkbox"/> Nursery/Child Care | <input type="checkbox"/> YMCA Camp Wapsie |
| <input type="checkbox"/> Other _____ | | | |

Income-Based Membership Pricing Program

I understand that as a participant in the YMCA's Income-Based Membership Pricing Program that I will be asked to provide proof of income. If I am unable to provide proof of income within one week of being asked, I understand that my membership rate will increase.

Initials _____ Income Verified On: Date _____ By _____ Income Bracket _____
(New Member) (Staff Initials)

For Office Use ONLY (YMCA Staff – Please Print Legibly)

Member's Name _____

Renewal Date _____

Receipt number and date _____

Membership Code & Membership Description _____

MID-PID _____

Corporate Group Number, Business Name & Group Expiration Date _____

Locker #(s) _____

PAYMENT METHOD:

Member Fee \$ _____

Bank Draft 5th of _____ at \$ _____ per month
bank draft start month

Locker Fee \$ _____

Checking Savings

SUB TOTAL \$ _____

Annual Full Pay Cash Check # _____ Credit Card

Joiner Fee \$ _____

IBMPP w/Special Considerations \$ _____

TOTAL AMOUNT PAID: \$ _____

Full IBMPP

Changes Made:

- | | | |
|---|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Address | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Employer/School | <input type="checkbox"/> Add Family Member(s) | <input type="checkbox"/> Remove Family Member(s) |
| <input type="checkbox"/> Locker (Old # _____ New # _____) | <input type="checkbox"/> Member Code (Old # _____ New # _____) | |
| <input type="checkbox"/> Default Branch _____ | <input type="checkbox"/> Other _____ | |

Branch Name and # _____ Staff Name _____

Please Print YOUR Name

Notes

