



YMCA of Darke County Membership Application

Youth* Adult Senior (age 62-89) Silver Sneakers

Family Single Parent Family** Senior Family (both members must be over the age of 62)

* Ages 8-17

** The single Parent Family Membership is for those who have become separated from their spouses because of death, divorce or legal separation and who are unwed parents with child custody. We will require a copy of the first page of the most recent tax return that states that the primary member is the head of household. If proof is not provided within 30 days of start of membership draft will default to a Family Membership Rate.

Today's Date: _____

Name of Primary Member:				
First Name	M.I.	Last Name	D.O.B.	Gender

Residence:			
Street	City	State	Zip Code

Telephone Numbers:			Emergency Contact:	
Home	Cell	Work	Name	Phone Number

Email Address:
<p>Please note that this email address will give you the opportunity to have access to online registrations and account access. We will not sell your email address to any third party company and we will only use your email address to provide you with information about the YMCA of Darke County.</p>

Employer Information:			
Company Name			
Street	City	State	Zip Code

Additional Members (If Applicable with membership)			
	Name	D.O.B	Gender
Spouse			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			



YMCA of Darke County Membership Agreement

Name of Primary Member:				
First Name	M.I.	Last Name	D.O.B.	Gender
Member(s) Authorized to make account changes:				
Name 1		Name 2		

Purpose and Goal
As a member/program participant of the YMCA of Darke County, I agree to support the YMCA's mission to put Christian principles into practice that build healthy spirit, mind and body for all. I recognize that the YMCA is inclusive of all.
Initials _____

Member Handbook Acknowledgement
I have received a copy of the YMCA of Darke County Member Handbook. I/we agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.
Initials _____

Liability/ Photo Release
In consideration of my/our participation in the activities of the YMCA, I/we do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees, and members, and do hereby for myself/ourselves, my/our heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereinafter accrue to me arising out of or connected with my/our participation in any of the activities of the YMCA. I/we grant the YMCA permission to take a photograph of anyone listed on this form for the purpose of YMCA publicity. I/we understand that memberships are non-transferable and joiner's fees are non-refundable.
Initials _____

Scholarship Program
The YMCA of Darke County belongs to the community. We are a volunteer-led organization with a mission of building strong kids, strong families and strong communities. We believe in providing services to all who desire to participate. Through the YMCA's Scholarship Program, financial assistance is provided, based on available resources, to those in need. This program is funded through the generous support of the community through our annual Strong Communities Campaign as well as through proceeds from special events throughout the year. If you wish to apply please ask for our Scholarship application form at our front desk.



YMCA of Darke County Payment Agreement

Contributions

Would you like to help someone less fortunate become a member of the YMCA by contributing to the YMCA Strong Communities Campaign?

€ Please add \$ _____ to bank draft each month

€ Please accept this \$ _____ one time donation to the Strong Communities Campaign

All contributions to the YMCA of Darke County are tax deductible. You will receive a receipt for your contribution.

Monthly EPAY-ALL DRAFTS ARE DUE ON THE 1ST OF EVERY MONTH

MEMBERSHIP TYPE

Youth* Adult Senior (age 62-89) Silver Sneakers

Family Single Parent Family

* Ages 8-17

Account Information

Credit/Debit Card

Credit Card Type: Visa MasterCard Discover
Account Number: _____ - _____ - _____ - _____ Exp: ____/____ CCV: _____
Complete Billing Address (Street Address, City, and Zip Code) for this Card: _____

Checking Savings

Bank Name: _____
Name on Account: _____
Account Number: _____
Routing Number: _____
A copy of a voided check is required for verification of account numbers.

Payment Terms

I hereby authorize the YMCA of Darke County to debit my account indicated above. I understand that the debit will be processed on the 1st of every month, unless otherwise informed by the YMCA of Darke County. I understand that this is a continuous membership plan, one that never expires. If I wish to discontinue my membership then the YMCA of Darke County must receive my written notice 30 days before my next draft date. Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA. This is in addition to any fees or penalties I may incur by my bank or financial institution. I understand that it is my responsibility to notify the YMCA in writing should I change financial institutions, get a new credit card, and/or make changes to my account at any time. I understand that YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks notice prior to any such change in my membership fees.

Signature _____ Date: _____