

# Metropolitan YMCAs of Mississippi APPLICATION FOR MEMBERSHIP

## CONTACT INFORMATION

FIRST NAME		LAST NAME	
ADDRESS		CITY/STATE/ZIP	CELL/HOME PHONE
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	EMAIL
BIRTHDAY	MALE or FEMALE		MARITAL STATUS:
EMPLOYER	BUSINESS PHONE		DL #

### FAMILY MEMBERS Family Membership Definition: Spouse & Dependents under age 24 in the same household and claimed on Federal Income Tax Return.

NAME	GENDER	BIRTHDATE	RELATIONSHIP	EMPLOYER/SCHOOL	CELL NUMBER

### WHERE DID YOU HEAR ABOUT THE Y? (please circle all that apply)

RADIO      TV      FRIEND      MAIL      NEWSPAPER      INTERNET      WALK-IN      CORPORATE

### MEMBERSHIP TYPE

FAMILY      INDIVIDUAL      YOUNG ADULT (12-23)      ACTIVE & FIT      ADULT PLUS ONE (SAME HOUSEHOLD)      ACTIVE OLDER ADULT FAMILY (60+)      ACTIVE OLDER ADULT INDIVIDUAL (60+)

FLOWOOD RESIDENT FAMILY      FLOWOOD RESIDENT INDIVIDUAL      SILVER SNEAKERS      SILVER & FIT      RENEW ACTIVE      MILITARY FAMILY      MILITARY INDIVIDUAL

### DRAFT ACCOUNT AUTHORIZATION

NAME ON CHECK:	DRAFT DAY: 1st <input type="checkbox"/> 15th <input type="checkbox"/>
BANK NAME:	ACCOUNT TYPE: CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>
ROUTING NUMBER:	ACCOUNT NUMBER:

### BECOME A GIVING MEMBER

I elect to contribute to one of the Y's charitable funds either by monthly bank draft or one time gift as indicated.	<input type="checkbox"/> Yes! I would like to give by adding \$__ /month to my bank draft.
	<input type="checkbox"/> Yes! I would like to give a one-time gift of \$_____.

**AUTOMATIC DRAFT & CHECK POLICY:** If your Automatic Draft or Personal Check is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of up to \$30.00 or the maximum amount allowed by law. You will also be responsible for all other recovery costs, including all attorney's fees, court costs and taxes. You will also be responsible for any uncollected membership fees. I hereby authorize the Y to initiate debits on the above named Financial Institution to pay my monthly Y bill from me, or until the Y or above named Financial Institution has sent me a 30-day written notice as to the Y's or Financial Institution's termination of the agreement. I understand that my monthly draft is subject to change should my membership status change or should the Y change its membership rate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Draft Begin Date: \_\_\_\_\_

**WAIVER OF LIABILITY, DISCLAIMER & PERMISSION:** I/We hereby forever release, waives, discharges and covenants not to sue agrees to indemnify and save and hold harmless the YMCA the YMCA, its directors, officers, employees, agents, event sponsors and volunteers in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant(s) is/are registering (collectively the "releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in the death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon or about the premises of any facilities or participating in any program affiliated with the YMCA without respect to location. I/We give permission that my and/or my family members listed above may be taken and used by the YMCA for publicity and such use shall be without compensation to me or my family members. I further state that I and my family members listed above are in proper medical condition to participate in and complete the YMCA activity and are not participating against doctor's advice, nor am I or any family member listed above taking medications which would deter my/their health in the participation of the YMCA activity. This release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned. I understand that an annual improvement fee will be assessed to my account one time per year either at the anniversary date of my membership or other time determined by the YMCA. The current improvement fee is \$12.00 and is subject to change as determined by the YMCA. The current improvement fee will be posted at the YMCA for notification purposes. The YMCA conducts regular sex offender screenings on all members, participants and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL MEMBERSHIPS ARE NON-REFUNDABLE. MEMBERSHIP STATUS CHANGES ARE LIMITED TO ONE CHANGE PER YEAR.**