

Employee YMCA Membership Enrollment Form

Employee Name	
City Membership Effective Date	
Date of First Payroll Deduct	

(PLEASE CIRCLE ONE)

Membership Type	Employee Only	Household	2 Adults	Single Parent
Bi-Weekly Payroll Deduction	\$19.75	\$27.02	\$22.22	\$20.72

Household = 2 adults living in the same household with their dependents under age 21. Please be prepared to provide the YMCA with documentation to prove shared household.

Single Parent = Only one adult living with his/her dependents. A "dependent" is recognized as a child under age 21 for whom the parent claims financial responsibility. (i.e. the dependent is claimed on parent's taxes)

Two Adults = living in the same household with no dependent children

1. Please complete this form and contact the HR Department at 828-697-3003 or 828-697-3020.





YMCA OF WESTERN NORTH CAROLINA
Membership Agreement

Center Number YMCA Identification Number Today's Month/Day/Year

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PRIMARY MEMBER NAME

Title (Mr., Ms., Dr.)	First Name	MI	Last Name
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RESIDENCE

Street	City	State	Zip Code
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Home Phone ()	Email
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EMPLOYER

Company Name	Work Phone ()
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EMERGENCY CONTACT

Name	Phone Number ()
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BACKGROUND

Gender (please circle one) Male Female	Birthdate / /
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The YMCA strives to provide memberships and programs to all who desire to participate. The following confidential questions enable us to better serve our members and our community. It is also necessary information as we apply to different funding sources for assistance. Answering the following questions is voluntary, but appreciated.

HOUSEHOLD INCOME <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 or more	ETHNIC BACKGROUND <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____
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INTERESTS

I am interested in receiving information about the following:

<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Volunteer Opportunities
<input type="checkbox"/> Teen Programs	<input type="checkbox"/> Wellness/Group Exercise
<input type="checkbox"/> Child Care / Day Camp	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Family Programs	<input type="checkbox"/> Adult Sports

We rely on volunteers to help us achieve our mission. If you are interested in getting involved, please list your areas of interests:

Do you currently have any medical conditions we should be aware of (please describe below)?

Please rate your current activity level:

High Medium Low

Would you like to know more about the YMCA's Annual Campaign?

Yes No

PARTICIPATING MEMBERS

Name (Last, if different)	BIRTHDATE	SEX
1.)	/ /	
2.)	/ /	
3.)	/ /	
4.)	/ /	
5.)	/ /	
6.)	/ /	
7.)	/ /	

CENTER INFORMATION

Which YMCA Facility do you and/or your family plan to use most of the time:

ASHEVILLE
 CORPENING (McDowell County)
 REUTER FAMILY (South Asheville)
 WOODFIN
 HENDERSONVILLE FAMILY
 FLETCHER

MEMBERSHIP TYPE

Which membership type are you choosing?

Young Adult (18-24 years)
 Adult (25-64 years)
 Senior Adult (65+ years)
 Single Parent /Two Adult
 Family/Household
 Senior Household (Both 65+ and no dependents)
 Teen/Youth (8 to 17 years)

I hereby, for myself, my household, my family, heirs, executors and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina (YMCA) and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me, my household, or my family in connection with participation in YMCA activities and programs.

I understand that the YMCA assumes no responsibility for injuries or illnesses which, I, my household or family may sustain as a result of our physical condition, or resulting from our observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses for myself, my household or family, which may result from participation in these activities.

Any individual who has been convicted of a sexual offense shall be denied membership, program, or volunteer participation at the YMCA of Western North Carolina. The YMCA also has the right to suspend and/or terminate any membership for violation of any posted or written rules of conduct, for any behavior that interferes with the enjoyment of the YMCA, and for any inappropriate behavior at the YMCA, including but not limited to inappropriate sexual conduct, abusive or threatening language, fighting, or assault. The management of the YMCA has the right to suspend and/or terminate any membership for non payment of dues or fees.

I grant full permission to the YMCA to use any photographs, tape or video recordings taken of me, my household, or my family. I agree for the YMCA to send communication to me via text message if I am 13 years or older and emails with program information.

I agree on behalf of myself, my household, my family with the YMCA policies and procedures and understand that my/our household membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

Signature _____ Date ____/____/____

Parent of legal guardian must sign if applicant is under 18 years.



YMCA OF WESTERN NORTH CAROLINA
Draft Agreement

Branch Number

YMCA Identification Number

Today's Month/Day/Year

Grid for entering branch number, identification number, and date.

MEMBER INFORMATION

Form for member information including Title, First Name, MI, and Last Name.

Month-to-Month Membership: Monthly dues for the membership selected are \$ _____ per month. Monthly dues will be electronically drafted on the 1st or 15th of every month. My draft is continuous unless I give the YMCA a 30-Day Written notice prior to my draft date to terminate.

Well-Being Membership Agreement: Monthly dues for the membership selected are \$ _____ per month. I agree and understand my membership will be annual and paid on a month-to-month basis. My well-being membership agreement will automatically renew annually at the well-being rate. I must give the YMCA 30-Days Written notice prior to my draft date (after the annual agreement ends) to change payment rate options or terminate. A fee will apply to agreements cancelled outside of the annual fee structure.

Annual Membership: Annual Memberships are auto-renewed annually on the date 12 months from the original date joined. I must give the YMCA 30-Days Written notice prior to my draft date to terminate.

Signature: _____ Date ____/____/____
Parent of legal guardian must sign if applicant is under 18 years.

- YMCA bank or credit card draft is a continuous, perpetual membership plan. I understand that my membership does not expire. It is my complete understanding that if I wish to cancel or change my membership in any way (including draft information), I MUST GIVE THE YMCA 30-DAY WRITTEN NOTICE PRIOR TO MY DRAFT DATE OR ANNUAL RENEWAL DATE (forms are located at the front desk).
• I understand there are NO refunds given. It is my responsibility to check my monthly account statement and report any corrections within 30 days to the YMCA. I also understand that I will not receive a statement or billing for my YMCA membership.
• The Well-Being Membership Agreement is not eligible for bank draft cancellations until 30 days prior to annual agreement renewal.
• I understand that rates are subject to change.
• Should my membership draft not be honored for ANY REASON, I realize that I am still responsible for that payment plus a service fee. This is in addition to any service fee I may be charged by my financial institution. As a drafting member, I must provide a valid second form of payment. The YMCA's recovery systems will charge my outstanding fees from the second form of payment provided. If payment is not received within 30 days, my membership will be terminated immediately. Once all fees are collected, my membership and draft will be reactivated.

I acknowledge that I have received a copy of my YMCA membership agreement.

Signature: _____ Date ____/____/____
Parent of legal guardian must sign if applicant is under 18 years.

OFFICE USE ONLY

Membership Type _____

Joining Fee Amount \$ _____ Draft Amount \$ _____ Beginning Draft Date ____/____/____

Well-Being Appointment Date ____/____/____ Time: ____:____ am/pm Healthy Living Coach _____

Primary Drafting Payment Method: O Checking O Savings O Credit Card

Second Form of Payment: O Checking O Savings O Credit Card

Staff Signature: _____ Date ____/____/____