



YMCA

We build strong kids,
strong families, strong communities.

SIoux FALLS FAMILY YMCA 2010 MEMBERSHIP APPLICATION

MEMBERSHIP INFORMATION

Membership Level	<input type="checkbox"/> Basic	<input type="checkbox"/> Fitness			
Membership Type	<input type="checkbox"/> College	<input type="checkbox"/> Individual	<input type="checkbox"/> Couple	<input type="checkbox"/> Family	<input type="checkbox"/> Family Wellness Discount

APPLICANT INFORMATION

First Name:		Last Name:			
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Home Phone:		
Current Address:					
City:	State:		ZIP Code:		
Employer:				Work Phone:	

Email Address to receive newsletters and member updates:

Have you or anyone listed below been convicted of a sexual crime? Yes _____ No _____
 Have you or anyone listed below been convicted of a felony involving violence or drugs within the past 7 years?
 Yes _____ No _____

Answering either of the above questions falsely will result in immediate termination.

FAMILY INFORMATION (COMPLETE ONLY IF APPLYING FOR A COUPLE OR FAMILY MEMBERSHIP)

Spouse First Name:		Spouse Last Name:			
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Home Phone:		
Employer:				Work Phone:	
Email Address:					

CHILDREN'S INFORMATION (COMPLETE ONLY IF APPLYING FOR A FAMILY MEMBERSHIP)

Children's Names	D.O.B	Age	School	Grade	Gender	
					<input type="checkbox"/> Male	<input type="checkbox"/> Female
					<input type="checkbox"/> Male	<input type="checkbox"/> Female
					<input type="checkbox"/> Male	<input type="checkbox"/> Female
					<input type="checkbox"/> Male	<input type="checkbox"/> Female

TRANSFER POLICY: The Sioux Falls Family YMCA will honor a valid membership card from another YMCA until the expiration date. I/We understand that my/our membership at the YMCA is not transferable to another person.

MEMBERSHIP APPLICATION: I/We are applying for membership in the Sioux Falls Family YMCA and agree to cooperate with its members in carrying on the work and mission of the YMCA within the following guidelines:

1. It is my/our responsibility to conduct my/our personal affairs in a manner that affirms the mission of the YMCA.
2. This application for membership is granted on a one year commitment. EFT continues each month thereafter until cancelled by me/us or the YMCA. **A 45 day written cancellation notification to the YMCA is required to terminate membership.**
3. If the membership is interrupted for any reason, a \$50 processing fee will be applied upon re-joining.
4. **There is no refund of membership fees.**

FITNESS WAIVER: In consideration of my wellness activities at the Sioux Falls Family YMCA, or activities done off-site through the Sioux Falls Family YMCA, I do, for myself, my heirs, executors and administrators, waive any and all claims for damages for any injury to myself which I may have sustained arising out of or connected with such participation and I release and discharge the Sioux Falls Family YMCA, its members, officers, employees or agents from any and all liability whatsoever arising out of or connected with such participation.

I hereby declare myself to be physically sound having medical approval to participate in the activities of the Sioux Falls Family YMCA.

Signature of applicant	Date
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Sioux Falls Family YMCA
2009 MEMBERSHIP APPLICATION (CON'T)

**YOUR MEMBERSHIP INCLUDES A FREE ORIENTATION
 WITH A FITNESS SPECIALIST**

Our Fitness Specialists will guide you to a program that will help you achieve your goals. Please be sure and book your appointment at time of sign-up or on your first visit.

OFFICE USE ONLY

Tour Card Filled out by:		Notes:
Sold by:		
Process Date:		
Fees Received:		
Thank you Note Sent by:		
Date Note Mailed:		
Interview Sheet done by:		
Interview Sheet give to:		
Date Interview Sheet handed over:		
Orientation Done By:		
Date Orientation Done:		
Member App Audited by:		

Adult Membership Rates

	Basic Locker Room Membership (family)	Fitness Locker Room Membership (adult only)
College (18-24)	\$20.00/per month	\$48.00/per month
Individual	\$35.00/per month	\$48.00/per month
Couple	\$45.00/per month	\$58.00/per month
Family	\$50.00/per month	\$68.00/per month

Payments will be automatically drafted on the 18th of every month for the first year commitment thru a checking, savings, or credit card account and will continue to be deducted each month thereafter until membership has been cancelled either by you with a 45 day written notice or by the YMCA.

If your check or ACH is not honored by the bank for any reason, your payment amount will be collected electronically along with an NSF service fee.

No Refund of Membership Fees.
There is a 45 day written notice required for all terminations.

I have read and understand the above membership and payment guidelines.

Signed: _____ Date: _____