



YMCA OF FLORIDA'S EMERALD COAST, INC.

Membership Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MY YMCA Home Branch: FORT WALTON DESTIN Crestview NICEVILLE

Primary Member: _____ Birth Date: ____/____/____ Gender: M F
(Parent Name if Youth Membership) Last Name First Name

Address: _____ City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Cell/Other Phone:(_____) _____ E-mail: _____

Emergency Contact: _____ Phone:(_____) _____ Relationship: _____

Employer: _____ Position: _____ Bus. Phone(_____) _____

Business Address: _____ City: _____ State: _____ Zip: _____

How did you hear about the YMCA?	<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Billboard	<input type="checkbox"/> Live In the Area	<input type="checkbox"/> Another member
	<input type="checkbox"/> Former Member	<input type="checkbox"/> Email	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Magazine
	<input type="checkbox"/> Work Place	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Medical Referral	<input type="checkbox"/> Other _____	

Spouse/Second Adult Member: _____ Birth Date: ____/____/____ Gender: M F
Last Name First Name

Employer: _____ Position: _____ Bus. Phone(_____) _____

Other Family Members:

Name: Last, First	Gender:	Birthdate:	Work/School:
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____

MEMBERSHIP PAYMENT OPTIONS:

- Annual Membership (must be paid in full)
- Semi-Annual Membership (must be paid in full)
- EFT Monthly – Checking or Savings Account
- EFT Monthly - Credit Card

For EFT Monthly Payment Plan:
I (we) hereby authorize the YMCA of Florida's Emerald Coast, Inc. to initiate debit entries to my (our) bank/credit card account as shown below. I (we) understand the debit will initiate on the 1st of each month. **This authority is to remain in effect until the YMCA of Florida's Emerald Coast has received a written notification from me (or either of us) of its termination with a 30 day notice prior to the next draft date. Unless notification of cancellation is received, my EFT membership will continue and my fees will automatically be drawn from my account.** Rates are subject to change and a 30 day notice will be given to you. I am responsible for any drafts not honored by the bank or credit card account shown for any reason and I understand that payment is to be made by me in the amount of the payment due plus a \$20 service charge. A voided check is required with all bank draft applications.
Type of Account: Checking Savings Visa MasterCard American Express Discover Card

Bank Name: _____

Routing/Transit # _____ Account # _____

Credit Card # _____ Exp Date ____/____/____ CVV2 Code: _____ *

*This is the last three or four digits on the back side of your credit card. Front for American Express Cards.

Bank/Credit Card Account Holder Signature: _____ **Date:** ____/____/____

I hereby make application for my membership and agree to abide by all rules, regulations and policies of the YMCA. I understand that the YMCA reserves the right to cancel my membership at any time for inappropriate behavior or conduct. I also understand that I am using the YMCA at my own risk and should consult my physician before starting any exercise program.
Membership and Joining Fees are Non-Transferable and Non-Refundable.

Member Signature (Parent/Guardian for all Youth Memberships under age 18)

Date

PRINT PRIMARY MEMBER LAST NAME / FIRST NAME

MEMBER # / MEMB. TYPE

RENEWAL DATE / EFT DATE

FOR OFFICE USE ONLY

YMCA OF FLORIDA'S EMERALD COAST, INC.

OUR MISSION STATEMENT: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL.

YMCA STRONG KID'S CAMPAIGN:

The YMCA of Florida's Emerald Coast, Inc. invites you to make a contribution to our Annual Strong Kid's Campaign. By donating to this Campaign, you support children and families who could not otherwise afford to participate in YMCA programs in addition to supporting your local branch YMCA. We offer two convenient means of donation – one time donation of any amount or you can add an additional amount of your choosing to your monthly membership dues EFT:

- One Time Donation of \$ _____
- Monthly contribution drafted along with your monthly dues – amount \$ _____

Please note the amount of your contribution above and sign here _____ Date _____

MEMBERSHIP WAIVER:

I, THE PARTICIPANT OR PARENT/GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18, AM CHOOSING TO PARTICIPATE (OR AUTHORIZE MY CHILD TO PARTICIPATE) IN MEMBERSHIP OR PROGRAMS/ACTIVITIES LOCATED AT A BRANCH OF THE YMCA OF FLORIDA'S EMERALD COAST, INC. INCLUDING THE USE OF ITS FACILITIES, EQUIPMENT AND MACHINERY. I DO HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE THE YMCA OF FLORIDA'S EMERALD COAST, INC. AND ALL OF ITS BRANCHES AND ITS OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVES, EXECUTORS, CONTRACTED PERSONAL TRAINERS, AND ALL OTHERS FROM ANY AND ALL RESPONSIBILITIES OR LIABILITY FROM INJURIES AND DAMAGES RESULTING FROM MY (OR MY CHILD'S) PARTICIPATION. I UNDERSTAND THAT THERE ARE RISKS WITH ANY TYPE OF EXERCISE PROGRAM, AND HAVE CONSULTED WITH MY PHYSICIAN BEFORE COMMITTING MYSELF TO ANY OF THE PROGRAMS/ACTIVITIES LOCATED AT A BRANCH OF THE YMCA OF FLORIDA'S EMERALD COAST, INC. IF APPLICABLE, I HEREBY CERTIFY THAT MY CHILD(REN) IS/ARE IN NORMAL HEALTH AND CAPABLE OF PARTICIPATING IN A YMCA PROGRAM ACTIVITY. I UNDERSTAND THAT THE YMCA OF FLORIDA'S EMERALD COAST, INC. AND ITS BRANCHES ARE NOT RESPONSIBLE FOR PERSONAL PROPERTY LOST OR STOLEN WHILE MEMBERS AND/OR PROGRAM PARTICIPANTS ARE USING ANY OF THE YMCA OF FLORIDA'S EMERALD COAST, INC. FACILITIES OR ON YMCA PREMISES. I UNDERSTAND THAT THE YMCA RESERVES THE RIGHT TO CANCEL MY MEMBERSHIP AT ANY TIME FOR INAPPROPRIATE BEHAVIOR OR CONDUCT. I HAVE READ AND ACCEPT THE INFORMATION PROVIDED IN ITS ENTIRETY AND ACCEPT THESE POLICIES AS THE PARTICIPANT (OR PARENT/GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18) IN A PROGRAM/ACTIVITY PROVIDED BY ANY BRANCH OF THE YMCA OF FLORIDA'S EMERALD COAST, INC.

SIGNATURE OF PRIMARY ADULT MEMBER

DATE

SIGNATURE OF SECONDARY ADULT MEMBER

DATE

MEDICAL HISTORY INFORMATION:

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.

AREAS OF INTEREST:

	Self	Spouse	Children	Volunteer
Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics/Group Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ETHNIC ORIGIN:

	1 ST Adult	2 ND Adult	Dependents
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD INCOME:

- \$0 - \$13,999
- \$14,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$54,999
- \$55,000 - \$74,999
- \$75,000 AND OVER

FOR OFFICE USE ONLY (TO BE COMPLETED AT THE TIME OF SALE)					
MEMBERSHIP TYPE:	Payment Method: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly EFT	Join Date:	Monthly EFT Dues:		
If Corporate- Approved Corporate Co. Name:	Amount of Strong Kids Donation by EFT:	Amount Paid to Strong Kid's Campaign:	Initial Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmExp <input type="checkbox"/> Discover		
Joiner Fee Paid:	Pro-Rated First Month Paid:	Additional Dues Paid:	Assoc. Upgrade Fee Paid:	Receipt #:	Staff Name:

