



1ST ADULT		Date*	Title	First Name*	MI	Last Name*																																																																																																																																							
H O M E	Mailing Address*				<p>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.</p> <p>PLEASE CHECK AREAS OF INTEREST.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Self</th> <th>Spouse</th> <th>Children</th> <th>Volunteer</th> </tr> </thead> <tbody> <tr><td>Adventure Guides</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Aquatics</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Board Development</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Child Care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Coaching</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Dance</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Facility Maintenance</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Family Programs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Fund-raising</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Group Cycling</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Group Exercise</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Internship</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Leagues</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Parent/Child Programs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Personal Training</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Senior Programs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Special Events</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sports</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Summer Camp</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Swim Lessons</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Teen Programs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Volunteerism</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Water Aerobics</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Weight loss/increase muscle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Youth Programs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>			Self	Spouse	Children	Volunteer	Adventure Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Development	<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"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fund-raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leagues	<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"/>	Personal Training	<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"/>	Special Events	<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"/>	Swim Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teen Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight loss/increase muscle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth Programs	<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"/>
		Self	Spouse	Children			Volunteer																																																																																																																																						
	Adventure Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>																																																																																																																																						
Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Board Development	<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"/>																																																																																																																																									
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Family Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Fund-raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Group Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Group Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Leagues	<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"/>																																																																																																																																									
Personal Training	<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"/>																																																																																																																																									
Special Events	<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"/>																																																																																																																																									
Swim Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Teen Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Water Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Weight loss/increase muscle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																									
Youth Programs	<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"/>																																																																																																																																									
City*	State*	Zip*	County																																																																																																																																										
Phone* Primary	Secondary	E-Mail*																																																																																																																																											
Birth Date	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of people residing in household																																																																																																																																											
Emergency Contact Name*			Phone* (Primary)																																																																																																																																										
Do you own or rent your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own			How many years have you been in the community?																																																																																																																																										
E M P L O Y E R	Company Name																																																																																																																																												
	Street Address																																																																																																																																												
	City		State	Zip																																																																																																																																									
	Job Title			Phone																																																																																																																																									
2 N D A D U L T	First Name*	MI	Last Name* (if different)																																																																																																																																										
	Birth Date*	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Company Name																																																																																																																																										
	Company Address		Company Phone*																																																																																																																																										
	Job Title		E-mail*																																																																																																																																										
Member Relation To Primary																																																																																																																																													
How did you hear about the YMCA? <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Billboard <input type="checkbox"/> Live in Area <input type="checkbox"/> YMCA <input type="checkbox"/> E-Mail <input type="checkbox"/> Member <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Work place <input type="checkbox"/> Former Member <input type="checkbox"/> Friend/Family																																																																																																																																													
D E P E N D E N T S	First Name*	MI	Last Name*	Birth Date*	Gender*	School*																																																																																																																																							
	First Name*	MI	Last Name*	Birth Date*	Gender*	School*																																																																																																																																							
	First Name*	MI	Last Name*	Birth Date*	Gender*	School*																																																																																																																																							
	First Name*	MI	Last Name*	Birth Date*	Gender*	School*																																																																																																																																							
	First Name*	MI	Last Name*	Birth Date*	Gender*	School*																																																																																																																																							
	First Name*	MI	Last Name*	Birth Date*	Gender*	School*																																																																																																																																							
How would you like to receive YMCA of Greater Cleveland publications? <input type="checkbox"/> Electronically (E-mail) <input type="checkbox"/> U.S. Mail <input type="checkbox"/> I do not wish to receive YMCA of Greater Cleveland mailings																																																																																																																																													
SHADED AREA TO BE COMPLETED BY YMCA OF GREATER CLEVELAND PERSONNEL																																																																																																																																													
Membership Number		Membership Type			Initial Payment																																																																																																																																								
Corporate Discount Group					<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash																																																																																																																																								
Card Number		Expiration Date			Payment Method																																																																																																																																								
Branch		YMCA Staff Member			<input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual																																																																																																																																								
					Monthly Dues																																																																																																																																								
					Date of Draft/CC Payment (circle one)																																																																																																																																								
					1 st 15 th																																																																																																																																								
					Monthly Amount \$ _____																																																																																																																																								
					(Default to 1 st)																																																																																																																																								

*Required information

Financial Aid is available for those who qualify.

Waiver

I am an adult over 18 years of age and wish to participate in YMCA of Greater Cleveland (the "YMCA") membership/program activities, and if checked here wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the YMCA of Greater Cleveland is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA of Greater Cleveland to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

Membership Agreement

If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee as long as you remain an active member of the YMCA of Greater Cleveland. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

Membership is a privilege. We as the YMCA of Greater Cleveland reserve the right to terminate individual memberships at will.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the YMCA of Greater Cleveland, hereby apply for membership.

Signature _____ Date _____

Signature _____ Date _____

Note: Parent or guardian must sign if applicant is under 18 years of age.

To Be Completed for Monthly Bank Draft – Only

Monthly Membership Rate \$ _____ Ohio Sales Tax \$ _____ Locker Rental \$ _____ Monthly Contribution \$ _____ Total \$ _____

Beginning Draft Account # _____ Beginning Draft Date _____ 1st _____ 15th 20_____

Checks and credit card drafts that are returned due to non-payment will be subject to a \$30 fee per NACHA Rules enacted in 1998. The member's account will be cancelled and reinstatement will require that all past due payments and reinstatement fees be paid in full by cash, money order or credit card. No checks or debit cards will be accepted.

I authorize the YMCA of Greater Cleveland to automatically debit my account. If necessary, adjustments or entries to correct error are also authorized. Rates are subject to change with a 30 day written notice.

This debit is continuous and will remain in effect until I cancel my membership and return my membership card. I understand that if I wish to cancel the membership I must appear in person at the originating branch and sign a cancellation form. **The YMCA of Greater Cleveland requires a 30 day notice prior to the next scheduled draft date for all cancellations.**

Signature **X** _____ Date _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly payment (direct debit from my Checking Savings account)

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

Authorized Signature: _____ Date: _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Credit Card Type Visa MC Card Holder Name _____

Account Number _____ Expiration Date _____

Authorized Signature: _____ Date: _____