



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JOIN THE OSWEGO YMCA

MEMBERSHIP HOUSEHOLD INFORMATION	<input style="width: 100%; height: 20px;" type="text"/>		
	Primary Adult Name	DOB	Gender
	Street Address		
	City	State	ZIP
	Phone	Email	
	Employer Name		
	Secondary Adult Name	DOB	Gender
	Phone	Email	
	Employer Name		

DEPENDENTS	<input style="width: 100%; height: 20px;" type="text"/>		
	Name	DOB	Gender
	<input style="width: 100%; height: 20px;" type="text"/>		
	Name	DOB	Gender
	<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>			
Name	DOB	Gender	
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
Name	DOB	Gender	

At the YMCA, we are dedicated to helping all kids grow up safe and strong. Therefore, we must ask if you have ever been placed on a sex offender registry:

◇ YES ◇ NO

EMERGENCY	<input style="width: 100%; height: 20px;" type="text"/>
	Contact Name
<input style="width: 100%; height: 20px;" type="text"/>	Phone Number

**How did you find out about the Y?
(Select all that apply)**

Another Y Member
 Print Publication
 Other _____

Internet Search
 Social Media
 Workplace

Radio
 E-Mail

MEETING YOUR NEEDS	What is Motivating you to join? (Select all that apply)	
	<input type="checkbox"/> Camp	<input type="checkbox"/> Pool
	<input type="checkbox"/> Child Care	<input type="checkbox"/> Personal Wellness
	<input type="checkbox"/> Family Programs	<input type="checkbox"/> Other _____

Staff Only

Membership Type	Today's Date	Draft Start Date	Monthly Rate	Staff Initial

Giving	At the Y, strengthening community is our cause. We offer financial aid to ensure that every child, family and adult can enjoy the life-changing benefits of a YMCA membership. I'd like to join the cause by adding a \$_____ donation	
	I have received a copy of the Member's Code of Conduct. I have reviewed it and agree with it. Members Initials: _____ I agree that the YMCA may photograph or videotape me and/or my family, and the YMCA may use those photographs or video footage for its marketing purposes. I release the YMCA from any claim or liabilities related to that use and waive all claims for myself, my heirs and assignees against the individual staff persons and the Oswego YMCA. Members Initials: _____	National Membership By participating in the YMCA National Membership Program, I agree to release the National Council of Young Men's Christian Association of the United States of America and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. Member Initials _____
Member Agreement You are required to use a towel and disinfectant to wipe down equipment & surrounding area after use. Failure to do so may result in suspension of membership. Member Initials: _____ I understand that there is injury associated with participation in any YMCA program or use of its facilities. In consideration for the Oswego YMCA ("YMCA") membership, participation in its programs and/or use of its facilities, I assume full responsibility for any and all injuries, damages or losses in any way arising from or connected with my participation in YMCA programs or use of its facilities. By doing so, I hereby waive any right to sue the YMCA and release, hold harmless and forever discharge it, its employees and agents, individually or otherwise, from any and all liability, claims, lawsuits, demands, rights or causes of action of any kind, including negligence. I certify that all of the information provided on my application is true. I understand that this agreement constitutes a binding promise. I have read and agree to it. _____ Pri mary Member's Signature Date _____ Sec ondary Member's Signature Date	Automatic Payment Plan Agreement I authorize the Oswego YMCA to charge the account listed below for membership payments. I understand that the monthly debits will be deducted on approximately the 21 st of each month and will continue until I discontinue my membership. Members Initials: _____ Holds, cancellations, and account changes must be submitted by the 5 th of the month. Members Initials: _____ Should any preauthorized charge not be honored by the credit card company, then it is understood that payment is to be made to the YMCA by myself in the amount of said debit plus an \$18 charge. I understand that the YMCA will notify me of any membership rate increase thirty (30) days prior to taking effect. I understand that if I fail to notify the YMCA via written notice prior to the 5 th of the month, I will be required to pay the next draft. _____ Signature of person authorized on account Credit Card Information Visa, MasterCard or Discover Account # _____ Exp Date _____ Checking Account Information Name of Bank _____ Route & Transit # _____	
		Notes