



OFFICIAL USE ONLY:

Member #:
Membership Type:
Payment Method:
Staff Initial:

First:	Middle:	Last:
Address:	City/State:	Zip:
Home phone:	Emergency phone:	Contact name:
Work phone:	Cell phone:	Date of Birth:

Employer/School:	Email:

FAMILY MEMBERSHIP: List all family members that qualify
(Additional Adults Living in the Household Must Provide Proof of Residency)

Name (Last if different)	Date of Birth	Gender	Employer OR School	Work or Cell phone
SPOUSE/SECOND ADULT 1.	/ /			
CHILDREN/DEPENDENTS 2.	/ /			
3.	/ /			
4.	/ /			
5.	/ /			

Additional Family Members: Adults \$10 extra per month Children \$5 extra per month

1.	/ /			
2.	/ /			
3.	/ /			

Why did you join the YMCA? (Please check all that apply)		How did you hear about the YMCA? (Please check all that apply)	
<input type="checkbox"/> Camp	<input type="checkbox"/> Physical Conditioning	<input type="checkbox"/> Billboard	Print Publication: <input type="checkbox"/> B.R. Parents <input type="checkbox"/> 225 Magazine <input type="checkbox"/> Southeast News <input type="checkbox"/> Advocate <input type="checkbox"/> Westside Journal
<input type="checkbox"/> Swimming	<input type="checkbox"/> Social	<input type="checkbox"/> Radio	
<input type="checkbox"/> Childcare	<input type="checkbox"/> Weight Training	<input type="checkbox"/> Word of Mouth	
<input type="checkbox"/> Family Fun	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Employer	
<input type="checkbox"/> Medical Reasons	<input type="checkbox"/> Sport Program	<input type="checkbox"/> Physician	
		<input type="checkbox"/> Internet / Website	
		<input type="checkbox"/> Other	

Responsibilities and Releases: (Please read responsibilities and releases and sign below.)

Membership Card – I understand that I must present my membership card for admission and cards are nontransferable. Abuse of any membership card may result in termination or suspension of the membership. Replacement cards can be purchased for \$5 in the case they are lost or stolen.

Liability – I recognize that participation in the YMCA activities or programs may expose me to some risk of injury, illness or death. I assume all liability and agree to hold the YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity or program at the YMCA.

Photo/Talent Release – I hereby irrevocably release, consent and allow the YMCA of Northeast Louisiana and its agent to use my photograph/likeness/voice as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

Cancellation – It is my understanding that this is a continuous membership until I submit to the Membership Director, a **30-day written notice to cancel**. Any monies deducted within this 30-day period will not be refunded. A 30-day written notice will also be required for any changes to bank information.

A \$10.00 service charge will be assessed on any returned draft and a \$25.00 service charge on any returned check.

Sexual Harassment/Sexual Offender – To keep our members and guests safe, it is against YMCA policy to allow any sexual harassment behavior in the YMCA. If a member is found guilty of sexual harassment their membership will be terminated immediately. If at any time a member is found to be a sexual offender, their membership will be terminated immediately.

Code of Conduct – The YMCA of Northeast Louisiana is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conducts is unacceptable and the YMCA consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participant at its sole discretion.

PLEASE SIGN

By signing below I verify that all of the information I have provided is accurate and that I have been informed of all of the above responsibilities & releases of the YMCA of Northeast Louisiana.

Signature: _____ **Date:** _____

Monthly Bank Draft Membership (Please include a voided check) Draft Date: 1st 15th (circle one)

I give authorization to the YMCA of Northeast Louisiana to draft my bank account on a monthly basis as payment for my membership dues. By giving this authorization, I understand the following.

1. Paying on the bank draft membership plan is buying a membership on a monthly basis and is continuous until I notify the YMCA of cancellation.
2. It is to my complete understanding that I may cancel my memberships at any time by providing the YMCA with a 30-day written notification.
3. It is my responsibility to provide the YMCA with any changes to my bank account, address, telephone numbers, or membership type, by providing a 30-day written notification.
4. At the discretion of the YMCA Board of Directors, the YMCA may increase my draft fee upon a 30-day notice.
5. Should any membership draft be denied due to insufficient funds, I realize that I am still responsible for this payment and the YMCA will re-send my draft

with an additional \$10 service charge. If draft is denied 3 times within one year, the bank draft option will be revoked and member will be required to pay in full.

6. Should any membership draft be denied due to a stopped payment or closed account, my membership will be canceled.

“Strong Kids” Annual Campaign

The YMCA offers scholarships for all programs based on financial need and availability of funds. We are a non-profit, charitable organization; therefore your contribution is fully taxdeductible as prescribed by law.

I would like to sponsor a child through the “Strong Kids” scholarship program by donating:

I would like to contribute a one-time gift of \$_____

I would like to contribute monthly, by having my account drafted an additional

\$1 each month

\$5 each month

\$10 each month

\$_____ each month

I do not wish to contribute at this time, but please mail me additional information.

Volunteering

Would you like a staff member to contact you regarding volunteer opportunities at this time?

Yes No

In what areas are you interested in volunteering? (Please specify)