



JOIN

THE CORTLAND COUNTY FAMILY YMCA

Primary Member Name _____ DOB _____ Gender _____

Street Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

Employer Name _____

Member Name _____ DOB _____ Gender _____

Street Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

Employer Name _____

Are you interested in learning more about Membership For All, our reduced-price membership program?

- Yes
- No

Household Income:

- 0-20,000
- 20,001-30,000
- 30,001-40,000
- 40,001-50,000
- 50,001-60,000
- 60,001+

At the YMCA, we're dedicated to making sure your experience here is the best it can be. To get you started, we offer an onboarding orientation to new members.

Would you like to learn more:

- Yes
- No

Dependents

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Emergency Contact

Contact Name _____

Relationship _____

Phone Number _____

Referring Member: _____

(Ask about our referral program for more information!)

Membership Requested:

- Youth
- Young Adult
- Adult
- One Adult Household
- Couple
- Household
- Basic Locker Room
- Health Club

At the Y, Strengthening the 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 each month to my membership payment. (circle one)

\$1 \$2 \$3 \$5 \$10 Other: \$_____

Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my checking account indicated below, and I authorize the financial institution named below to debit my account \$ _____. per month.

Checking Account Bank Name _____

Checking Account Routing# _____

Checking Account# _____

This authorization remains in effect until the YMCA has received notification from me indicating my desire to discontinue my membership.

Member's signature _____ Date _____

Terms and Conditions

- I have read, understand and agree to the Membership Policies, Membership Payment Policies and Membership Termination Policy stated on the attached document.
Member's signature _____
- I understand that if I wish to change my membership in any way, I must give the YMCA a written notice.
Member's signature _____
- The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks' notice prior to any such change in my membership fees.
Member's signature _____
- Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of \$25 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.
Member's signature _____
- Membership cards remain the property of the YMCA and must be surrendered upon request.
Member's signature _____

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook. If I fail to adhere to those policies, the Cortland YMCA has the right to terminate my membership at any time, without refund

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove all visitation access.

I have read, understand and agree to the Membership Policies, Membership Payment Policies and Membership Termination Policy stated on this form.

Signature _____ Date _____

(If under 18 y.o., parent/guardian signature is required.)

NOTES: (OFFICE USE ONLY)

Payment Options (for office use only):

EFT PIF CC FC Membership for All NYS Alliance Other: _____