

SOUTH SHORE YMCA MEMBERSHIP APPLICATION

MEMBER INFORMATION

Name: _____ Date: _____

Email: _____ Phone: _____ Home Cell Work

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

Date of Birth: ____ / ____ / ____ Gender: Male Female Unspecified

Employer: _____ Job Title: _____

Emergency Contact: _____ Phone: _____

Information collected for grants and reporting demographics:

Ethnicity:	Preferred Language:	Household Income:
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> English	<input type="checkbox"/> Up to \$50k
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Arabic	<input type="checkbox"/> \$50k-\$100k
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Chinese	<input type="checkbox"/> \$100k-\$150k
<input type="checkbox"/> Native American	<input type="checkbox"/> Portuguese	<input type="checkbox"/> \$150k-\$250K
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Spanish	<input type="checkbox"/> \$250k+
<input type="checkbox"/> Unspecified	<input type="checkbox"/> Other	

How did you learn about the Y?: _____

MEMBERSHIP TYPE

Household Adult (28-64) Young Adult (23-27) Junior (10-22) Senior (65+)

For Household Membership Only (Additional adults must show I.D. for address verification):

Name:	Name:	Gender:	Emergency Contact Phone:
_____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

GIVE

THE SOUTH SHORE Y IS A CHARITY WHERE EVERYONE CAN BELONG.

Yes! I would like to donate monthly to the Y's Annual Campaign: \$5/month \$10/month \$25/month

I would like to make a 1-time donation: \$25 \$50 \$100 \$250 Other: \$ _____

FOR OFFICE USE ONLY

Membership Type: _____ Payment in Full Monthly Draft Financial Assistance

Joiner Fee: \$ _____ Monthly Fee: \$ _____ Donation: \$ _____ Monthly Annual Total Collected: \$ _____

Staff Name: _____

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. The South Shore YMCA strives to serve the entire community by providing financial assistance for those who cannot afford the full cost of membership and programs.

Our programs and services strive to strengthen the family, guide the youth of today and meet the ever-changing needs of our community.

DUES

Dues are paid in advance monthly. Monthly dues are paid via electronic funds transfer (EFT). We will automatically deduct your payment from your checking or savings account on the 1st of the month or the next business day for the following month's dues. Monthly Bank draft for dues is a continuous membership plan. There is no renewal date. If any draft is not honored, the member is still responsible for that payment, plus a service charge of \$20 applied by the YMCA and your bank. Please notify the Membership Office of any account changes prior to the 10th or 25th of the month, depending on your draft date. It is your responsibility to regularly review your monthly bank statements to check for accuracy of your membership draft. The Board of Directors has the authority to adjust the monthly membership rate yearly. You will receive a 30 day notice of such a change. **Annual dues are non-refundable.**

Please note: When a member's age changes, the monthly membership rate will automatically increase or decrease without notice, according to the age qualifications of each membership type (i.e.: adult to senior rate at age 65, youth to junior rate at age 10).

RETURNED BANK DRAFTS

A charge of \$20 will be assessed for any items returned by the bank.

PAST DUE ACCOUNTS

Admittance is contingent on your dues being paid in advance.

MEMBERSHIP HOLD POLICY

As a courtesy, the South Shore YMCA will put a "hold" on your membership with the following terms:

Written notice must be given prior to request hold dates. A hold request made after the draft for the current month will not be honored. Membership holds will only be allowed in the following instances: Medical reasons (request must be accompanied by a doctor's note), military duty (request must be accompanied by your transfer or deployment papers), or temporary residence in another area (request must be accompanied by proof

of alternate residence or rental agreement). Billing will automatically resume at the end of your requested hold time. Please notify the membership office of any changes in the length of time of your hold. If you are able to return earlier than expected, you will pay for any balance this creates on your account at the time of your return.

CANCELLATION POLICY

A 30 day notice is required to cancel your membership. Cancellation is not effective until a signed cancellation form has been received. Cancellation will become effective 30 days from receipt of cancellation form. You will have access to the YMCA for the 30 days after the last draft on your account. If your account is not in good standing, any balance will be due at the time of cancellation or your bank draft withdrawal will remain active until a zero balance has been reached. Cancellation forms may be submitted in person or mailed. Upon cancellation, a confirmation notice will be mailed by the YMCA within 2 weeks. If you do not receive a confirmation of cancellation, the YMCA has not received your cancellation and will continue to draft your account.

Please note: In order to receive member rates for programs, your membership must be current throughout the entire program session. If membership is terminated during the session, the non-member program rate must be paid for remainder of classes.

MEMBERSHIP REFUNDS

Refunds cannot be issued for non-usage of the facility. **Annual dues are non-refundable.**

REJOINING

Memberships that have been canceled for more than 30 days are subject to repayment of the joiner's fee to rejoin.

PROPERTY LOSS

The applicant understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

PHOTOGRAPH PERMISSION

The applicant hereby gives permission for the YMCA to use, with or without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

MEMBER CONDUCT

The applicant agrees to abide by all policies and procedures of the South Shore YMCA and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of membership.

MEMBER HEALTH

The applicant(s) represents that he/she is in physically sound condition and understands that participation in group exercise, weight training, recreational sports, and use of pools, saunas, steam room and fitness equipment carry a potential risk of injuries or illness. We recommend that you consult with your primary care physician before beginning an exercise program. The applicant further understands that the South Shore YMCA assumes no responsibility for any such injury or illness.



Initials

PROOF OF MEMBERSHIP

The applicant understands that the YMCA membership I.D. keytag must be presented for the use of YMCA facilities.

CRIMINAL HISTORY

The applicant acknowledges that it is the policy of the South Shore YMCA to reserve the right to deny membership to any individual convicted of a sexual/criminal offense and that the YMCA will check its membership records against sexual/criminal history records made available.

WEAPONS POLICY

The South Shore YMCA prohibits employees, members and all other individuals from carrying weapons, concealed or otherwise, onto the premises or in vehicles owned by the YMCA. Carrying a weapon onto South Shore YMCA property will result in immediate removal of the person carrying the weapon. Pursuant to GLc266, s.120, the possession of a concealed carry license or firearms identification card issued by Massachusetts or another governing body shall not authorize any person to carry firearms onto South Shore YMCA property, and violation of this policy constitutes trespass.

ACCEPTANCE/RELEASE

I acknowledge the conditions of membership stated above, for myself and on behalf of the minor applicants listed if any, and that I am responsible for related dues and program fees. I hereby release the South Shore YMCA, its agents, servants and employees from all ordinary negligence, including all claims for injury, illness, death, loss or damage which may result from participation as a member.

Member Signature:



Today's Date: ____ / ____ / ____