



JOIN YMCA of Greater Syracuse

- Downtown
- East Area
- Manlius

- North Area
- Southwest
- Northwest

Membership Household Information

Member 1 Name _____ DOB _____ Gender _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____ Email _____

Employer Name _____ Employer Phone _____

Race/Ethnicity

- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- Native American
- Other
- White/Caucasian

Household Income

- \$0 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$26,999
- \$27,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$39,999
- \$40,000 - \$44,999
- \$45,000 - \$49,999
- \$50,000 - \$54,999
- \$55,000 - \$59,999
- \$60,000 & up

Member 2 Name _____ DOB _____ Gender _____

Home Phone _____ Mobile Phone _____ Email _____

Employer Name _____ Employer Phone _____

Race/Ethnicity

- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- Native American
- Other
- White/Caucasian

Dependents

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Emergency

Contact Name _____

Relationship _____

Phone _____

At the YMCA, we are dedicated to helping all kids grow up safe and strong. We encourage all adult members to take "Stewards of Children," a two-hour course that teaches adults to recognize the signs of child sexual abuse and empowers them to act responsibly. The course is free to YMCA members.

Would you like to know more? YES NO

Have you ever been placed on a sex offender registry? YES NO

How did you find the Y? (select all that apply)

- Another Y Member
- ycny.org
- Internet Search
- Print Publication
- Postcard or Mailing
- Radio
- Social Media
- Workplace
- E-mail
- Other _____

NOTES

Membership Type	Today's Date	Draft Start Date	MFA %	FundTIME	Staff Initial

What is motivating you to join? (select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Sports Leagues | <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Swim Lessons- Adult |
| <input type="checkbox"/> After School Programs | <input type="checkbox"/> Personal Wellness | <input type="checkbox"/> Swim Lessons- Youth |
| <input type="checkbox"/> Arts Programs | <input type="checkbox"/> Nutrition Programs | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Open Basketball | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Triathlon Training |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Running | <input type="checkbox"/> Water Fitness |
| <input type="checkbox"/> Family Programs | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other _____ |

Are you interested in volunteer work? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Committees | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Programs for children with special needs | <input type="checkbox"/> Working with kids |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Working with seniors |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Other _____ |

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 each month to my membership payment.

I have received a copy of the YMCA of Greater Syracuse Member's Code of Conduct. I have reviewed it and agree to it.

Member 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 liability related to that use, and waive all claims for myself, my heirs and assignees against the individual staff persons and the YMCA of Greater Syracuse. Member Initials: _____

I understand that there is a risk of injury associated with participation in any YMCA program or use of its facilities. In consideration for YMCA of Greater Syracuse ("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 it and agree to it.

Primary Member's Signature Date

Secondary Member's Signature Date

Some health insurance plans encourage healthy living by reimbursing the cost of YMCA memberships. Does yours?

- Yes No Not Sure

If participating in Membership For All, I agree to provide proof of income within one week of joining or my membership fee will revert to full price upon the next scheduled draft. I have the right to show proof of income to return to my MFA price but I am unable to receive any refund on the drafted fee amount that is above my MFA fee. Member Initials: _____

I authorize the YMCA of Greater Syracuse, Inc. to charge the account listed below for membership payments. I understand that the monthly debits will be deducted on approximately the 20th of each month and will continue until I discontinue my membership. Member Initials: _____

Holds, cancellations, and account changes must be submitted in writing by the 5th of the month. Member 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 a \$10 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 5th of the month, I will be required to pay for the month.

Signature of person authorized on account

Credit Card Information

- American Express Discover MasterCard Visa

Account # _____

Exp Date _____

Checking Account Information

Name of Bank _____

Route & Transit # _____

Account # _____