



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Application

Type of Membership

- Household College Senior (65+)
 Single Parent Family Youth (3-11 yrs) Senior Couple (65+)
 Adult Young Adult (12-18 yrs) Other: _____

Primary Adult (required for youth under 18)

Primary Member Name	Today's Date	Birth date	
Formal First Name	Gender	Race/Ethnicity	Email Address
Street Address	City	State	Zip
Primary Phone #	Employer (Corporation)	Business Phone #	

If primary applicant is under 18 years of age:

Mother's Name	Mother's Phone
Father's Name	Father's Phone

Additional Family Members (additional space on back)

Name (first, last)	DOB	Gender	Relationship to primary
Name (first, last)	DOB	Gender	Relationship to primary
Name (first, last)	DOB	Gender	Relationship to primary
Name (first, last)	DOB	Gender	Relationship to primary
Name (first, last)	DOB	Gender	Relationship to primary

Emergency Contact

Name	Phone	Relationship to member
Name	Phone	Relationship to member

How did you hear about us (check all that apply)?

- TV Online Advertising Radio
 Friend Social Media Email Blast
 Billboard Peoria YMCA Member: _____

Member Engagement - What programs/activities are you interested in?

- Aquatics Senior Programs Family Programs/Recreation
 Boot Camp (Functional) Summer Day Camp Fundraising/Events
 Group Fitness Teen Programs Volunteering Opportunities
 Personal Training Youth Sports Social Activities/Fellowship
 Other _____

Annual Scholarship Campaign

The Annual Scholarship Campaign raises funds to assure that no one is turned away from a YMCA programs or services because of financial challenges their families may face. Your donation makes a difference in the lives of your neighbors.

YES! I would like to make a difference by giving to the Annual Scholarship Campaign.

- One time donation of \$ _____
 Monthly donation, bank draft on file will be charged (check amount below)
 \$1/month \$5/month \$10/month \$____/month
 Sustaining Member, \$120 annual donation with parking privileges
 Not at this time, but please keep me informed.



Sexual Offender Background Check Policy

We consider it of great importance to provide a safe and threat-free environment. For this reason, the YMCA monitors the sexual offender registry. Persons on the list will not be eligible for YMCA membership, program participation, volunteer, or employment opportunities with the Greater Peoria YMCA. By signing below, I acknowledge that I am NOT a registered sex offender nor is anyone else included on our membership application.

Signature

Date

Photo Release

The Greater Peoria YMCA reserves the right to take pictures and video of its participants for brochures, publications, our website and other marketing purposes. If you would prefer not to be photographed, please stop by the Membership Desk and let us know in writing.

Initial

Date

Membership Risk Waiver and Creed

CREED: I hereby apply to join the Greater Peoria Family YMCA, I agree to foster the YMCA Character Development Values of CARING, HONESTY, RESPECT AND RESPONSIBILITY and to model them in my behavior and observe the YMCA Code of Conduct while I am at the YMCA or involved in YMCA sponsored activities.

WAIVER: In consideration of the YMCA accepting the application, I, for myself, my heirs, executors, administrators and/or for the minor(s) for whom I am signing release and forever discharge the Greater Peoria Family YMCA and its officers, employees, directors, agents, servants and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing or his/her property at any time. I declare, for myself and the minor(s), that I/he/she/we am/are/is physically sound and medically approved to participate in the activities of the YMCA.

Membership Agreement (Initial one of the following)**6 Month Contract**

_____ I agree that I may NOT cancel during the first six months of membership unless there is a medical reason with written proof or I am relocating more than 25 miles away. I understand that if I cancel without a proven medical reason or relocation then I am obligated to pay a \$100 cancellation fee. After six months I may cancel by providing written notice before the 25th of the month to avoid incurring the following month's membership dues. If my account has non-sufficient funds (NSF) two months in a row my membership will be cancelled and I will still be responsible for the membership fees incurred and the \$100 cancellation fee.

Month to Month Contract

_____ I have paid the assigned enrollment fee for my membership and understand that I may cancel at any time provided I give written notice before the 25th of the month to avoid incurring the following month's membership dues.

Membership Cancellation

_____ I understand that if I cancel my membership and apply again I will have to pay the applicable Joiner's Fee. If I apply to re-join within a 12 month period of my cancellation, I will be required to pay for the entire year in full, plus the joiner's fee applicable to my membership type OR for a seasonal member if applicable (available only May-September). This does not apply to Youth, Young Adult or College Membership types.

Applicant Signature

A affirm that the information given in this application is accurate.

Applicant/Guardian Signature:

Date:

Internal Use Only:

Date Received: _____

Staff Initials: _____

Additional Family Members Continued:

Name (first, last)	DOB	Gender	Relationship to primary
--------------------	-----	--------	-------------------------

Name (first, last)	DOB	Gender	Relationship to primary
--------------------	-----	--------	-------------------------

Name (first, last)	DOB	Gender	Relationship to primary
--------------------	-----	--------	-------------------------

Name (first, last)	DOB	Gender	Relationship to primary
--------------------	-----	--------	-------------------------

Name (first, last)	DOB	Gender	Relationship to primary
--------------------	-----	--------	-------------------------