



Membership Type:
Community Membership:
 Individual \$40.00 Annually
 Family (of 4) \$80.00 Annually
Association Membership:
 Adult (18+) \$39.00 Monthly
 Family \$59.00 Monthly

Membership Type	Date
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Primary Account Holder	Title	First Name	MI	Last Name
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HOME	Mailing Address			City
	State	Zip	County	
	Phone	Email		

Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status
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EMPLOYER	Company Name			
	Mailing Address			
	City	State	Zip	

Emergency Contact (other than your household)

Name	Phone
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The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is kept confidential and will not be used for any other purpose.

PLEASE CHECK:

Ethnic Origin	1st Adult	2nd Adult	Dependents	Ethnic Origin	1st Adult	2nd Adult	Dependents
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiracial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pacific Islander/Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Income: 0-13,999 14,000-24,999 25,000-54,999 55,000-74,999 75,000-Over

Spouse	Title	First Name	MI	Last (if different)	Birth Date	Gender	Occupation/Title
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Company Name	Company Address	City/Zip	Email
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ADULTS	First Name	MI	Last (if different)	Birth Date	Gender	School

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Family YMCA of Marion & Polk Counties for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Family YMCA of Marion & Polk Counties the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Family YMCA of Marion & Polk Counties for observation or use of any facilities or equipment or participation in such affiliated program constitutes and acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

Please initial below:

_____ I HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE the Family YMCA of Marion & Polk Counties and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of myself, whether caused by the negligence of the releases or otherwise while I am in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

_____ I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of myself in, upon or about the Family YMCA of Marion & Polk Counties premises or in any way observing or using any facilities or equipment of the Family YMCA of Marion & Polk Counties or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

_____ I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the Family YMCA of Marion & Polk Counties and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Family YMCA of Marion & Polk Counties.

_____ THE FAMILY YMCA OF MARION & POLK COUNTIES HAS THE RIGHT TO TERMINATE YOUR YMCA PRIVILEGES ANYTIME IF:

- a) it appears that you are taking actions or doing things that are contrary to the YMCA Mission, or
- b) it appears that your are involved in criminal acts, or
- c) you are acting in ways that disrupts the YMCA's operations or the activities of members or staff.

I further expressly agree that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of Participant

Signature of Participant

Date

Signature of Parent or Guardian

Date

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I authorize my financial institution to honor pre-authorized drafts drawn by the YMCA on my account for membership payments. It is understood that your sending of a preauthorized draft to the financial institution As a payment becomes due shall constitute valid notice of such payment due on this membership. When my financial institution honors the draft by charging my account, such drafts constitute my receipt for payment. Should any preauthorized draft not be honored by said financial institution when received by them, it is understood that the payment is to be made by me in the amount of the said payment.

If at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the Family YMCA of Marion & Polk Counties by the last business day of the month. No cancellations accepted by phone, fax or mail. Failure to do so will result in that months EFT being non-refundable. A voided check is required with all bank EFT information.

Initials _____

BANK NAME

ROUTE/TRANSACTION NUMBER

ACCOUNT NUMBER

1ST

JAN APR JUL OCT

CHECKING

15TH

FEB MAY AUG NOV
 MAR JUN SEP DEC

SAVINGS

MEMBERSHIP MONTHLY AMOUNT

ACCOUNT NAME

CREDIT CARD

I WOULD LIKE TO CONTRIBUTE TO THE PARTNERS WITH YOUTH SCHOLARSHIP CAMPAIGN YES AMOUNT _____ BANK DRAFT ANNUAL

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

(If participant is 17 years or younger)

STAFF: _____

DATE: _____