



# YMCA of Greater Providence

Date	First Name	MI	Last Name
<b>1<sup>st</sup> A D U L T</b>	Mailing Address		
	City	State	Zip Code
	Birth Date	Home Phone	Cell Phone
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail	

Emergency Contact Name:	Emergency Contact Telephone Number:	Relation:
-------------------------	-------------------------------------	-----------

<b>2<sup>nd</sup> A D U L T</b>	First Name	MI	Last Name
	Birth Date	Relation	Cell Phone
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail	

*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 confidential and will not be used for any other purpose.*

**I am here to:**  Visit as a Guest with \_\_\_\_\_ or from \_\_\_\_\_ YMCA

Inquire About Membership       Pay for a One Day Pass       Register for a Program

**How did you hear about the YMCA?**  Television  Newspaper  Radio  Yellow Pages  Live in the area  Web  
 Workplace  I was a former member  Magazine  Friend/Family  E-Mail  Promotion  Member  YMCA  
 Other \_\_\_\_\_

**Type of Membership:**  Youth  Teen  Young Adult  Adult  Couple  One Parent Family  Family  Senior  
 Senior Couple

**Areas of interest:**  Aquatics  Aerobics  Group Cycling  Strength Training  Sports  Summer Camp  Child Care  
 Parent/Child Programs  Teen Activities  Volunteerism  Older Adult Programs  Fundraising  Other \_\_\_\_\_

**How would you describe yourself?**  Currently exercising at least 3X a week  Non-exerciser starting for the first time  
 Sporadic exerciser  Joining for reasons other than exercising

**Ethnic Orientation:**  African American  Asian  Caribbean  Caucasian  Hispanic  Native American  Other

**Household Income:**  \$0-\$13,999  \$14,000-\$24,999  \$25,000-\$39,999  \$40,000-\$54,999  \$55,000-\$74,999  \$75,000 and over

<b>D E P E N D E N T S</b>	First Name	MI	Last Name	Birth Date	Gender
	First Name	MI	Last Name	Birth Date	Gender
	First Name	MI	Last Name	Birth Date	Gender
	First Name	MI	Last Name	Birth Date	Gender

Staff/Volunteer Name: _____	Date: ____/____/____
<input type="checkbox"/> Tour <input type="checkbox"/> Consultation <input type="checkbox"/> Walk in	Time: _____
Category of Membership: _____	Membership Number: _____

*Financial Assistance is available for those who qualify*

**Membership Agreement:** In consideration for membership in the YMCA of Greater Providence, I hereby agree, for myself (and for my children and/or wards, if under the age of 18), as follows:

**Waiver, Release from Liability and Indemnity:** I understand that, in connection with this YMCA membership, I (and my children and/or wards, if under the age of 18) from time to time will enter onto the YMCA premises, will use the facilities and equipment located there, and will participate in athletic and/or sporting events sponsored by the YMCA, and that we hereby agree that we will enter the premises and engage in all such activities at our own risk. I further understand that the YMCA shall not be liable for any damages arising from personal injuries that I (and my children and/or wards, if under the age of 18) may sustain in or about the YMCA premises or as a result of any such activities. I agree to assume full responsibility for any such injuries or damages that may occur and fully and forever release and discharge the YMCA and its officers, directors, trustees, agents, servants, and employees, from any and all liability, claims, demands, damages, rights of action, or causes of action, present or future arising there from, if this Waiver, Release from Liability and Indemnity Agreement is found to be unenforceable under the law of the applicable state, it shall be deemed to be stricken from this Membership Agreement.

**YMCA Not Responsible for Personal Property:** I understand that the YMCA premises are used by YMCA members, their guests and members of the public, and that the YMCA is not responsible for my personal property (or that of my children and/or wards, if under the age of 18), including, without limitation, any personal items that I (or they) might leave in a locker or storage area while engaged in activities at the YMCA.

**Permission to use Photographs:** I hereby give the YMCA, and its employees or agents, permission to take, copyright, use, and publish photographs of or concerning me (and/or my children or wards, if under the age of 18) for purpose of the business of the YMCA, including without limitation, the preparation of promotional materials for the YMCA, including materials prepared for the purpose of fundraising.

**YMCA Privacy Policy:** Apart from the photographs referred to above, I understand that the YMCA collects and maintains personal information about me. This information is used to perform member services and business operations, that, in the course of performing normal business operations, this information may be shared with other organizations performing work on behalf of the YMCA, and that access to this information will be limited and protected in accordance with the YMCA's Privacy Notice, a copy of which is posted on its website ([www.ymcagreaterprovidence.org](http://www.ymcagreaterprovidence.org)). I further understand that I can also obtain a copy of the Privacy Notice by requesting one from my local YMCA.

**YMCA Refund Policy:** I understand that my YMCA membership is personal to me and to my children or wards if under 18. I acknowledge and agree that my YMCA membership is not transferable to any other person. I agree that if within 30-days from the inception date of my membership I am unsatisfied, after reasonable attempts have been made to satisfy me, I will receive a full refund provided the proper notice as defined in YMCA policies is received within that 30-days. After 30 days I may cancel my membership with proper notice given. No proration of dues will be given for membership not used. The joiners fee will not be refunded.

**Code of Conduct:** The YMCA of Greater Providence is committed to providing a safe and welcoming environment for our members and guests. To ensure the safety and comfort of all, we ask individuals to act appropriately at all times when they are in our facility or participating in YMCA programs. We expect persons using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes but is not limited to: Angry or vulgar language: including swearing, name-calling or shouting, Physical contact with another person in an angry or threatening way, Any demonstration of sexual activity or sexual contact with another person, Harassment or intimidation by words, gestures, body language or any other menacing behavior, Behavior which intends to or results in the destruction of property. Members are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their personal comfort to refrain. Staff are trained and expected to respond to any reported violations of our Code of Conduct. Please do not hesitate to notify a staff person if you need assistance. We want to help. The Executive Director will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from any violation of the Code of Conduct. I understand the above code of conduct.

**Membership Termination Policy:** I agree that the YMCA has the right to terminate my YMCA privileges anytime if:

- a) it appears to the YMCA in its sole discretion and judgment that I (and/or my children and/or wards who are under the age of 18 years) are taking actions or doing things that are contrary to the Y's Mission, or;
- b) it appears to the YMCA in its sole discretion and judgment that I (and/or my children and/or wards who are under the age of 18 years) are involved in criminal acts, or that;
- c) I (and/or my children and/or wards who are under the age of 18 years) are acting in ways that disrupts the YMCA's operations.
- d) I (and/or my children and/or wards who are under the age of 18 years) are in direct violation of the Member Code of Conduct.

IN WITNESS WHEREOF, the undersigned executes this Membership Agreement

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Participant or Parent/Legal Guardian if a minor (Under 18 Years of Age),  
or if more than one are listed, on behalf of each of them.

*For office use only:*

<b>Joined?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason: _____ Fitness/Wellness Consultation Date: _____
<b>Follow up for New Joining Member</b> Staff Connector: _____ Welcome Card sent: _____
Preferred Method of Communication: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail
What are the prospects goals? : _____ _____
How can the Y help: _____
Additional Notes: _____

## ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

- I choose to utilize the EFT option for monthly payment (automatic debit)  Checking  Savings account

Name on Account: \_\_\_\_\_ Last 4 Digits of Bank Account: XXXXXXXXXX

Name of Bank: \_\_\_\_\_ Amount being debited: \_\_\_\_\_

- I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Name on Account: \_\_\_\_\_ Last 4 Digits of Credit Card: XXXXXXXXXX

Type of Card: (please circle one)  Visa  Amex  Discover  MC Expiration Date: \_\_\_\_\_ Amount being debited: \_\_\_\_\_

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge (\$25 per NSF). It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. Changes to all financial information will be honored the next month payment is due. This payment will continue on until the authorized payee submits cancellation in writing. Cancellation will take 30 days to process.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><b>Payment Method</b></p> <p><input type="checkbox"/> EFT/ Credit Card</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Annual</p>	<p style="text-align: center;"><b>Initial Payment</b></p> <p><input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Check</p> <p><input type="checkbox"/> Cash</p>	<p style="text-align: center;"><b>Monthly Dues</b></p> <p style="text-align: center;">Date of EFT or CC Draft (Circle one)</p> <p style="text-align: center;">1<sup>st</sup>      15<sup>th</sup></p> <p style="text-align: center;">Monthly Amount \$ _____</p>
--	--	--

### Cancellation Policy

All new members have a 30 day satisfaction guarantee. If you are not completely satisfied with your YMCA membership, you will receive a full refund of your dues and joiners fee, by letting us know in writing that you would like to cancel your membership. This notification must be received no later than 30 days after your join date. All EFT and Credit Card changes will also need to be made in writing and will not go into effect until the next billing month. **Annual Invoiced payment plans will only receive a full refund of their membership if it is cancelled within the first 30 days of joining. No prorated refund will be given if the membership is cancelled after the first 30 days of joining.**

I, \_\_\_\_\_, fully understand and agree with the YMCA of Greater Providence's cancellation policy.

\_\_\_\_\_  
(Signature of paying member)

\_\_\_\_\_  
(Date)

### Giving to the YMCA

The YMCA of Greater Providence is a 501 (c) (3) charitable organization. Through the generous contributions of community members, the YMCA is able to offer financial assistance to those who might not otherwise be able to participate in programs and services. If you are in need of assistance please see a staff member for an application. If you would like to donate or volunteer please see below.

#### Make a Donation or become a Volunteer

Yes, I want to support my branch \_\_\_\_\_. If you would like to designate your monies to go to a specific program please indicate here \_\_\_\_\_.

**My Donation (please circle)**    \$50      \$100      \$250      \$500      \$1,000      Other \$ \_\_\_\_\_

I would like to make my donation through monthly payments. Total amount: \_\_\_\_\_ # of months to pay \_\_\_\_\_

**Payment Method (please circle)**  Check  VISA  MC  AMEX  DISC  Cash

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Card Holder Name \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Y or N My Company has a matching gift program. Company Name \_\_\_\_\_

Y or N Please contact me. I'd like to learn more about volunteer opportunities.

*You will receive an official gift acknowledgement letter suitable for tax purposes upon payment of your pledge.*