



**HEALTHY LIVING STARTS HERE**  
**Itasca County Family YMCA**  
 \*\*\*A photo ID is required to apply for membership\*\*\*

DATE: \_\_\_\_\_

**PRIMARY MEMBER**

**INFORMATION**

Mr/Ms/Mrs	First Name	M.I.	Last Name		
Gender M or F	Birthdate / /	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married			
Mailing Address		City	State	Zip	
Home Phone	Cell Phone	Email Address			

**RACE (Optional)**

Caucasian/White    African American/Black    Alaskan Native    Hispanic  
 Native American    Asian/Pacific Islander    Other \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer (if applicable)	Work Phone
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**EMERGENCY CONTACT INFORMATION**

Name	Phone
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**2ND ADULT (If applicable)**

**INFORMATION**

Mr/Ms/Mrs	First Name	M.I.	Last Name		
Gender M or F	Birthdate / /	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married			
Mailing Address		City	State	Zip	
Home Phone	Cell Phone	Email Address			

**RACE (Optional)**

Caucasian/White    African American/Black    Alaskan Native    Hispanic  
 Native American    Asian/Pacific Islander    Other \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer (if applicable)	Work Phone
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**EMERGENCY CONTACT INFORMATION**

Name	Phone
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**DEPENDENTS**

(Must live in household, ages 0-18 years, or age 23 if full-time student, and must be 10 years of age to be unaccompanied by an adult.)

First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F

**HOW DID YOU HEAR ABOUT THE Y?**

**Check All That Apply**

- Friend/Current Member
- Place of Employment
- YMCA Website
- Radio
- Billboard
- Newspaper/Magazine
- Television

**WHY DID YOU JOIN THE Y?**

**Check All That Apply**

- Improve Overall Health and Wellness
- Lose Weight
- Training for Fitness Event
- Be Active with Family
- Live Healthy Lifestyle
- Meet People
- Build Strength and Endurance
- Safe and Healthy Place for Kids
- Improve Medical Condition

**INTEREST AREAS**

**Check All That Apply**

- Aquatics Programs/Pool
- Cardio Machines
- Kid Zone Child Care
- Family and Parent/Child Activities
- Group Exercise/Fitness Classes
- Childcare/Preschool
- Senior Activities
- Strength Training & Weights
- Teen Activities
- Youth Sports & Activities

**MEMBERSHIP TYPE**

**Choose One That Applies**

- Youth (10-18)
- Young Adult (19-23)
- Adult (24-64)
- 2 Adult Household
- Single Adult Family
- Family
- Senior (65+)
- Adult Locker Room    **1 or 2**
- Silver & Fit  
# \_\_\_\_\_
- Silver Sneakers  
# \_\_\_\_\_



# PAYMENT AUTHORIZATION FORM

## PAYMENT AUTHORIZATION

### BANK DRAFT/ELECTRONIC FUNDS (EFT)

I authorize my bank to honor pre authorized Electronic Funds Transfers against my account for membership/program/contribution payments as indicated below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should a pre-authorized EFT not be honored by said bank when received by them, it is then understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank, then the YMCA, at its discretion may resubmit the amount due for payment on a future date.

### PAYMENT BY BANK DRAFT/EFT

I choose to utilize the EFT option for monthly payment (direct debit) from my checking account.

Checking Account  Savings Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**\*\*Attach Voided Check \*\***

Bank Draft Amount: \_\_\_\_\_

Beginning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AUTHORIZATION AGREEMENT

- The YMCA Draft Membership is a continuous plan which automatically renews monthly unless I visit the Itasca County Family YMCA and fill out a Membership Termination Form by the end of the month in order to stop debit/electronic funds transfer payment for the next month. Directly calling my bank or the Itasca County Family YMCA will not cancel my monthly payment.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks notice prior to any such change. Annual membership fees will be adjusted at time of renewal.
- I understand that the Itasca County Family YMCA does not issue refunds on YMCA memberships.
- Should any payment not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$5 service fee applied by the YMCA. This is in addition to any service fee my bank or Credit Card Company may make.
- The Itasca County Family YMCA reserves the right to terminate membership upon non-payment of fees.
- I will notify the Itasca County Family YMCA of any change in status that will affect my membership (address, phone, bank account, etc.).
- I have read this agreement, I understand it, and I agree to it voluntarily.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I have read and agree to the Itasca County Family YMCA's Release, Indemnification and Hold Harmless Agreement & waiver.

\_\_\_\_ I have read and agree to abide by the Itasca County Family YMCA's Code of Conduct.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date