



Plattsburgh YMCA Membership Application

PRIMARY MEMBER INFORMATION

First Name _____ MI. _____ Last Name _____

Address: _____

City _____ State _____ Zip _____

Preferred Telephone _____ Alternative Number _____

Email Address _____ (email or telephone # required)

Gender Male Female Date of Birth (required) _____

Emergency Contact Name _____ Phone _____

FAMILY MEMBERSHIP INFORMATION

| # | Spouse/Children's FULL NAMES (list last name if different) | Gender | Date of Birth | Relationship |
|----|---|---|---------------|--------------|
| 1. | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| 2. | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| 3. | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| 4. | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| 5. | | <input type="checkbox"/> M <input type="checkbox"/> F | | |

MEMBERSHIP AGREEMENT

All participants or their guardians must sign this release form prior to utilizing the Plattsburgh YMCA facility.

I do hereby assume full responsibility for any and all damages, injuries, or loss that I/we may sustain or incur, if any, while attending or participating in any YMCA exercise program and/or during any visit to the YMCA. I/we hereby waive all claims against the Plattsburgh YMCA, its instructors, agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I/we might sustain. I understand that there is a risk of injury associated with participation in any Plattsburgh YMCA exercise program and I/we certify that I/we are in good physical condition and have no disabilities or other ailments that might hamper my/our participation. I certify that all of the information provided on this document is correct and true. Memberships are non-transferrable. I also understand that outstanding balances may cause a denial of my/family access to the facility and/or programming.

Please read the following statements:

- The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- I understand that they YMCA will not provide refunds for annual memberships.
- I understand that the YMCA will not sell or hand out my personal information.
- I give permission to be photographed for promotion use only.
- I understand the YMCA will be closed for most legal holidays
- I UNDERSTAND THAT MY MEMBERSHIP IN THE PLATTSBURGH YMCA IS CONTINUOUS AND MY MEMBERSHIP WILL REMAIN IN EFFECT UNTIL I GIVE THE YMCA 30 DAYS WRITTEN NOTICE OF CANCELLATION OR CHANGE.

Member Signature: _____ Date: _____

Bank Draft/Credit Card Payment Plan Authorization Agreement

- As a draft member, I authorize the Plattsburgh YMCA to make the agreed-upon monthly withdrawals from my bank account/credit card in fulfillment of my monthly membership payment obligation. I understand that my monthly bank or credit card statement shall be my only record of payment.
- If there is a membership rate increase, the YMCA agrees to notify me in writing at least 60 days before the new rate goes into effect.
- I understand that if my payment obligation is not met, a service charge may be applied.
- Bank Draft/Credit Card membership are continuous.
- I UNDERSTAND THAT MY MEMBERSHIP IN THE PLATTSBURGH YMCA IS CONTINUOUS AND MY MEMBERSHIP WILL REMAIN IN EFFECT UNTIL I GIVE THE YMCA 30 DAYS WRITTEN NOTICE OF CANCELLATION OR CHANGE.

I agree to the terms of the YMCA bank draft/credit card payment plan authorization agreement:

Signature of account holder/credit card holder: _____ Date: _____

ANNUAL CAMPAIGN

The YMCA is a charitable nonprofit organization. I would like to make an additional tax-deductible donation to the Y using my draft plan:

Monthly donation: \$5 \$10 \$25 Other \$ _____ OR One-Time Gift of \$ _____

How did you hear about the Y?

- Member Referral (Full Name): _____
- Walked By
- Newspaper
- Employer (Name): _____
- YMCA Website
- YMCA Facebook Page
- Guest Pass
- Email

OFFICE USE ONLY

Join Date: _____

Type of Membership: Draft Annual* One Month Only* College Semester* *(Full Payment Due at Registration)

Family Single Parent Family Adult Youth Teen Senior Senior Couple

Staff Name: _____ (print full name)