



FREMONT FAMILY YMCA MEMBERSHIP APPLICATION

Membership Type:

- Youth (Infant-18 years old) Young Adult (age 19-27) Adult (age 28-64)
- 1 Adult Household Household 3 Adult Household Couple
- Active Older Adult (65+) AOA Couple

* \$40 membership joining fee applies to Adult, Single Parent Family, Family, Household and 65+ membership types.

Billable Member: (Please list parent or guardian information here if purchasing a Youth Membership)

Name: _____ • Male / Female • Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ • Secondary Phone: _____

Email: _____

Employer: _____ • Work Phone: _____

Emergency Contact: _____ • Phone: _____

Additional individuals on membership or individual youth members.

Adult/Youth Name: _____ M/F DOB: ___/___/___ Grade: _____ School: _____

Adult/Youth Name: _____ M/F DOB: ___/___/___ Grade: _____ School: _____

Adult/Youth Name: _____ M/F DOB: ___/___/___ Grade: _____ School: _____

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Adult/Youth Name: _____ M/F DOB: ___/___/___ Grade: _____ School: _____

Adult/Youth Name: _____ M/F DOB: ___/___/___ Grade: _____ School: _____

Adult/Youth Name: _____ M/F DOB: ___/___/___ Grade: _____ School: _____

Membership Fees	Joiner Fee	Total Fees Today
_____	(+) _____	(=) _____

Waiver and Release. I HAVE READ AND FULLY UNDERSTAND THAT THIS WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF NEBRASKA AND AGREE THAT IF ANY PART IF HELD INVALID, THE REMAINING PARTS OF THIS WAIVER AND RELEASE WILL CONTINUE IN FULL FORCE AND EFFECT AS INTENDED.

I have read the information provided in this application and certify my compliance with my signature below.

Member Signature or Parent/Legal Guardian if Under 18 _____

Today's Date _____

FOR OFFICE USE ONLY:

Receipt # _____

Expiration Date: _____

Entered by: _____ Verified by: _____ Date: _____

Comments: _____



Member's Bank Draft Account Information (Monthly Membership Payment)

Draft Information:

First draft will withdraw: _____ Monthly Draft: \$ _____
Month/Day Year

Name as shown on Deposit Account: _____

Bank Name: _____ City: _____ State: _____ Zip: _____

Checking Account

Routing Number: _____ Account Number: _____
(Attach voided check to form)

Savings Account

Routing Number: _____ Account Number: _____
(Attach voided check to form)

Would you like to make a donation to the YMCA Fundraising Campaign – this ensures all children and families have an opportunity to experience life changing programs at the Fremont YMCA:

Yes No \$25 \$50 \$75 \$100 Other: _____

As a convenience to me, I hereby authorize **FREMONT FAMILY YMCA** (the YMCA) to pay and charge to my account payments drawn on my account by and payable to the order of, the YMCA in the amounts and for the purposes specified on this form.

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment. If the payment is returned, I will be billed for that month's payment & will be responsible for a service charge of no more than \$10 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time. **I also understand that written notice is required by the 5th of the month to terminate bank draft memberships & that this membership is continuous until I have done so.** I understand that the YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category and that I will receive at least four weeks' notice prior to any such change in my membership fee. I understand that if I/we cancel our membership for any reason, I/we will have to repay the joining fee each time I/we rejoin the YMCA after a 60 day period.

Payment Account Holder Signature: _____ Date: _____

For Office Use Only:

Entered by: _____ Verified by: _____ Date: _____

Member signed where applicable Voided check is attached to application