

MEMBERSHIP APPLICATION

276 CHURCH STREET ▼ NEWTON, MASSACHUSETTS 02458
PHONE: 617-244-6050 ▼ FAX: 617-964-8472 ▼ WEB: www.westsuburbanymca.org

(01) Primary Member Name First _____ MI _____ Last _____ M F

Street _____ Birth Date ____ / ____ / ____ City _____ State _____ Zip Code _____ Home Phone _____ Other Phone _____ E-mail Address _____	Family Membership Information (List Last Name if Different) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Dependent/Children's Names</th> <th>M/F</th> <th>Birth Date</th> <th>Relationship</th> <th>School</th> <th>Grade</th> </tr> </thead> <tbody> <tr><td>02</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>03</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>04</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>05</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>06</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>07</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade	02							03							04							05							06							07						
#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade																																												
02																																																		
03																																																		
04																																																		
05																																																		
06																																																		
07																																																		




Your Occupation _____ Employer _____
 Spouse Occupation _____ Employer _____
 Emergency Contact #1 _____ Relationship _____ Phone _____
 How did you learn about the WSYMCA Mail/Web Chamber of Commerce Family/Friend Newspaper/Radio
 Postcard Welcome Neighbor Other _____

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Code of Conduct.

Member Name (billing member) _____ Type of Membership: ____ Family ____ Adult ____ Senior ____ College ____ Senior Couple ____ Youth ____ Single Adult Family ____ Teen ____ Three Adult Family Beginning Draft date ____ / 15 / ____ Total Draft Amount: \$ _____ /Mo. (See above) ____ Services ____ Towels (\$13.50/mo) ____ Locker (\$7/mo)	BANK ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings NAME ON ACCOUNT: _____ ACCOUNT NUMBER: _____ FULL NAME OF BANK: _____ ROUTING/TRANSIT NUMBER: _____
---	--

Credit Card Authorization Slip

Member Name: _____
 The West Suburban YMCA has my authorization to charge the following amount: _____ per month to my Credit Card.

Bill My Credit Card:    **UPDATE BILLING INFO**

Account #: - - - (Amex = 15 Digits) Exp. Date /

Authorize to bill for programs
 Name as it appears on card: _____ Signature: _____

I agree that my bank/credit card statement will be my receipt for my membership payments.
 I understand that the YMCA may, at their discretion, adjust the monthly rate applicable to my category of membership; I understand that I will be sent written notice at the most recent address I have provided to the YMCA at least 30 days prior to any change.
 I understand and agree that it is my responsibility to keep my address current so that I may receive notifications from the West Suburban YMCA.
 Should my bank/credit card company, for any reason, not honor a monthly membership draft, I understand that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may impose.
 I understand and agree that it is my responsibility to send written notification of any changes to my bank/credit card account.
 To freeze my account requires a thirty days' written notice. One freeze per calendar year is allowed from one month up to three months. Will automatically draft after end date.
 I understand that my Membership is perpetual and that my membership will remain in effect until I carry out the procedures, noted below, necessary for termination.
 I agree that the West Suburban YMCA may use such photographs of me with or without my name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising and web content.

- I understand that this agreement does not automatically cancel.
- I understand that I must give at least a 30 - day written notice of termination.
- Memberships are Non-refundable/Non Transferable.
- I understand that I must terminate this agreement in writing.
- I have read and understood the above requirements for termination/ the code of conduct

Member's Signature _____ Date _____ Member # _____

STAFF USE ONLY

Joining Fee _____	Membership Prorated _____	Locker Prorated _____	Towel Prorated _____
Annual Fee _____	Subtotal _____	Less Promotions _____	Less Guest Fees (max 2) _____
Total Due _____	BD Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Voided Check <input type="checkbox"/> Yes <input type="checkbox"/> No
Code of Conduct <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials _____ Date _____	Membership Type _____	Referred by _____