

STAFF USE ONLY		
Membership ID #:	Staff Signature:	
Verified photo I.D.:	Verified By:	
Membership Start Date:	Date:	

KANDIYOHI COUNTY AREA FAMILY YMCA MEMBERSHIP APPLICATION

When completing this form please PRINT NEATLY and use legal name

JOINER FEE: \$50

CHECK ONE	MEMBERSHIP TYPE	MEMBERSHIP COST
	Multi-Adult Household	\$84/month
	One-Adult Household	\$70/month
	Adult	\$60/month
	Young Adult (19-25)	\$35/month
	Youth (0-18)	\$26/month
	Senior (65+)	\$46/month
	Senior Couple (Both 65+)	\$73/month
	Ridgewater College Student	\$60/semester \$120/Academic Year \$180/Full Year

PRIMARY CONTACT

First:			Male	
Last:			Maic	
Date of Birth:			Female	
Mailing Address:				
City:	_ State:	Zip:		
Phone #:				
Email:				
Employer Name:				
EMERGENCY CONTACT				
Name:				
Phone #:				
How did you hear about the YMCA?				
Friend Family	Radio	Internet	Other	

ADDITIONAL MEMBER INFORMATION (Completion only needed if family membership type):

\$10 extra charge on additional Adults (25+) on household memberships

NAME	GENDER	DATE OF BIRTH
	M/F	

Kit Locker Rental Annaul Fee \$60 Monthly Fee \$5	PAYMENT RETURN
PAYMENT OPTIONS: (check one) Bank Draft Monthly 5th 20th Debit Card Quarterly Credit Card Annually	I understand that if a payment is returned for any reason at all, an additional charge of \$25 per returned item will be charged to your account. This includes checks, credit card payments and ach payments. INITIALS Initialing verifies you read, understand, and agree to the information above.
	CANCELLATION POLICY
Ihereby authorize the Kandiyohi County Area Family YMCA to draw funds from my bank account/credit card. I understand that I am liable for these dues and any fees associated with insufficient funds. Funds will be drawn on either the 5th or the 20th of the month. The plan automatically renews unless the YMCA receives written cancellation notice. I Acknowledge that today I will be paying a \$50 joiner fee along with \$ in prorated dues for this month, totaling \$ today.	 This month's dues will automatically be renewed unless I sign the YMCA cancellation form. I acknowledge that my membership will end the 1st of next month and will still be paying dues of the current month. I acknowledge that I will not get partial refund for the current month The cancellation form must be completed and turned in before the cancellation can be made. Cancellation forms can be found in person at the front desk or online at www.kandiymca.org
Signature Date	 and can be sent in via email to angelae@kandiymca.org I acknowledge that I will be notified of any changes 30 days prior to them going into effect.
	I hereby understand the cancellation policy & I am liable for the membership dues
Is your health insurance eligible for Fitness Benefit? If unknown, please verify through your insurance company. Yes (See Membership Services for additional information) No	INITIALS Initialing verifies you read, understand, and agree to the information above.
MEMBERSHIP WAIVER:	
 By participating in the YMCA Nationwide Program, I agree to release the National of the United States of America and Puerto Rico, from claims of negligence for bod of YMCA facilities, and from any liability for other claims, including loss of property The YMCA Board of Directors reserves the right to shut down the facility once a year and cleaning. 	ily injury or death in connection with the use , to the fullest extent of the law. ar for up to a week for Maintenance
 The YMCA may take, copyright, or publish my photograph for art advertising, educed with the YMCA mission and agree that the photograph becomes exclusive property. The YMCA conducts regular sex offender screenings on all members, participants, 	of the YMCA. and guests. If a sex offender match occurs,
the YMCA reserves the right to cancel membership, end program participation, and By signing below, I verify that I have read and understand the information above	d remove visitation access.

Date

Signature_____