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:_____ ☐ Female

Date of Birth:_____

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	
	M / F	
	M / F	
	M / F	
	M / F	
	M / F	
	M / F	

☐ Kit Locker Rental $10/month ☐ Big Locker Rental $25/month

PAYMENT OPTIONS: (check one)

☐ Bank Draft
☐ Debit Card
☐ Credit Card

☐ Monthly ☐ 5th ☐ 20th
☐ Quarterly
☐ Annually

I _____hereby 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.

Signature_____

Date_____

Is your health insurance eligible for Fitness Benefit? ☐ Yes (See Membership Services for additional information) ☐ No

If unknown, please verify through your insurance company.

PAYMENT RETURN

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

- 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 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

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 Council of Young Men's Christian Associations of the United States of America and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.
- The YMCA Board of Directors reserves the right to shut down the facility once a year for up to a week for Maintenance and cleaning.
- The YMCA may take, copyright, or publish my photograph for art advertising, education, promotion, or any purpose consistent with the YMCA mission and agree that the photograph becomes exclusive property of the YMCA.
- 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.

By signing below, I verify that I have read and understand the information above

Signature_____ Date_____