



Office Use Only:

Type of Membership: _____
Corporate Name/Financial Aid: _____
YMCA _____ CFHL _____ Both Facilities _____

Mattoon Area Family YMCA
The Y: We're for Youth Development,
Healthy Living and Social Responsibility.

Primary's First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Email _____ Gender (Circle One): Male or Female
Date of Birth: ___/___/___ Ethnicity (Circle One): African-American (Non-Hispanic) Asian/Pacific Islanders
Caucasian (Non-Hispanic) Latino or Hispanic Native American Other/Prefer Not Answer

Family Section:

** Family is defined as one or two adults and their dependents who are under the age of 19 or a full-time student, or a person for whom the member(s) claims a tax deduction. (Proof of dependency may be required.) All family members must reside at the same address.*

Spouse's First Name: _____ Last Name: _____ DOB: ___/___/___ Ethnicity: _____
Child's Name: _____ Relation: _____ DOB: ___/___/___ Gender: _____ Ethnicity: _____
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Employer Information REQUIRED:

*Primary's Employer: _____ Work Phone: _____
*Spouse's Employer: _____ Work Phone: _____

Emergency Contact (not on this membership) REQUIRED:

Name: _____ Relation: _____ Phone(H): _____ Phone(W): _____ Cell: _____

How did you hear about the YMCA? Member ___ Former Member ___ Family/Friend ___ Newspaper ___
Television ___ Drive By ___ Mail ___ YMCA Messenger ___ Phone Book/Yellow Pages ___ Internet ___ Church ___
Radio ___ Medical Referral ___ Billboard ___ Email ___ Employer ___ YMCA Messenger ___ Other _____

Our Cause:

We're for Youth Development, Healthy Living and Social Responsibility.

Membership Agreement

I understand that the Mattoon Area Family YMCA and Center for Healthy Living (CFHL) assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from my participation in these activities. In consideration of the privilege of joining the YMCA or CFHL, I hereby voluntarily release and discharge the Mattoon Area Family YMCA and Center for Healthy Living, its agents, servants and employees from any and all claims for injury, illness, death, loss, or damage that I may suffer as a result of my participation in these activities.

I understand that the Mattoon Area Family YMCA and Center for Healthy Living is NOT responsible for personal property lost or stolen while members and/or program participants are using the YMCA or CFHL facilities or on YMCA or CFHL premises.

I understand that no accident or medical insurance is provided with this membership or for participation in programs, activities, special events, etc.

I give permission to the Mattoon Area Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings that may include my image or voice for purposes of promoting or interpreting YMCA Programs.

I agree to abide by all policies and procedures of the Mattoon Area Family YMCA and the Center for Healthy Living and understand that failure to act in accordance with these rules may result in expulsion from the YMCA and Center for Healthy Living and termination of my membership.

The applicant gives permission for YMCA and CFHL staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by first responders, ambulance personnel or physician.

As a YMCA member, I/we agree to act appropriately and to co-operate with others toward the accomplishment of the YMCA mission and the character development values of caring, respect, honesty, and responsibility.

Member Signature: _____ **Date:** _____



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Mattoon Area Family YMCA
The Y: We're for Youth Development,
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Authorization Agreement for Preauthorized Payments

Name on Account (Must be the account holder's name only) _____

**If the name on the account is not the members, the account holder must sign.*

Account/Credit Card # _____ Exp Date: ____/____/____

* Circle one if paying by EFT: Checking Account OR Savings Account

* Circle one if paying by credit card: Visa MasterCard American Express Discover

Monthly Automatic Membership Dues Withdrawal Amt: \$ _____ Check Monthly Deduction Date: 10th 25th

Monthly Automatic Misc Withdrawal Amt: \$ _____ *Specify Misc Withdrawal (Ex: Locker) _____

Please attach a VOIDED Check or documentation from your bank with the ROUTING and ACCOUNT number on it.

Membership Authorization Agreement

I understand that this is a continuous membership plan and that this membership will remain in effect until I come in and sign a cancellation form. I agree that if for any reason I wish to terminate my membership or change the status of my membership, I must come in to the YMCA and complete a cancellation or status change form at least 10 days prior to my next draft date. If I cancel and wish to rejoin after being inactive for at least 6 months, I may be required to pay the joining fee.

The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive 30-day written notice about these changes.

The YMCA may adjust the monthly rate applicable to my age when falling into another category of membership at any time. I understand that I will receive 30-day written notice about these changes.

The YMCA may adjust the financial assistance monthly rate applicable to my renewal at any time. I understand that I will receive 30-day written notice about these changes.

Should my bank for any reason not honor any membership deduction, I realize 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 charge. I understand that it is my responsibility to notify the YMCA with a 30-day written notice should I change my financial institution or my mailing address at any time.

The YMCA reserves the right to cancel my membership due to insufficient funds or to stop a payment. If this should occur, I understand that the Y has the right to make the bank draft plan no longer be available to me if I choose to continue my membership or rejoin.

I understand that if I wish to change my membership in any way, I must give the YMCA a 10-day written notice by filling out a change of membership form.

I understand that should my draft day fall on a weekend or bank holiday, the draft will be processed the following business day.

I understand that all joining fees and membership fees are nontransferable and non-refundable.

I hereby authorize the Mattoon Area Family YMCA (221 N. 16th St., Mattoon, IL 61938), hereinafter called the YMCA, to initiate drafts or any adjustment for any entries in error to my (our) checking or savings account indicated above to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Holder's Signature: _____ Date: _____

Office Use Only: Waiver Signed _____	Staff Initials at registration _____
Staff One Week Follow up _____	Set up Verification _____