



Date / /
 Staff Name
 Account #
 Membership Type
 ATS Pre-paid

NAME – Head of Household

TITLE (MR.,MRS., MS.) FIRST NAME MI. LAST NAME NICKNAME

ADDRESS

STREET

CITY STATE ZIP CODE

TELEPHONE NUMBERS / E-MAIL ADDRESS

HOME PHONE CELL PHONE BUSINESS PHONE

() () ()

E-MAIL HOME E-MAIL WORK

EMPLOYER

COMPANY NAME POSITION OR TITLE

STREET

CITY STATE ZIP CODE

SPOUSE'S EMPLOYER SPOUSE'S BUSINESS PHONE

()

PERSONAL INFORMATION

BIRTHDATE **SEX** (circle one) **WHAT IS YOUR CURRENT FITNESS LEVEL?** (Please check only one)

___/___/___ M F **NEW** **RETURNING** **ALREADY ACTIVE**

I currently don't exercise but I am thinking about starting. I exercise occasionally but not regularly. I exercise regularly but have done so for *less* than 6 months. I exercise 3 or more times a week for 20 minutes or more each time and have done so for *longer* than 6 months.

PREFERRED LANGUAGE

ENGLISH SPANISH

EMERGENCY CONTACT

EMERGENCY CONTACT NAME RELATIONSHIP TELEPHONE

()

EMERGENCY CONTACT NAME RELATIONSHIP TELEPHONE

()

REFERRAL

REFERRED BY RELATIONSHIP TELEPHONE

()

FAMILY

FIRST NAME LAST (IF DIFFERENT) BIRTHDATE SEX E-MAIL ADDRESS

SPOUSE

___/___/___

CHILDREN

1. ___/___/___

2. ___/___/___

3. ___/___/___

4. ___/___/___

PURPOSE & GOALS

As a member of the YMCA of Metropolitan Los Angeles, I agree to cooperate in the accomplishment of the YMCA's accepted purpose – to put Judeo-Christian principles of trustworthiness, caring, citizenship, responsibility, respect, and fairness into practice through programs that build healthy spirit, mind and body for all.

PRIVACY / SECURITY STATEMENT

The YMCA is very concerned about the privacy of its members and maintains their personal information in confidence. We collect information from members for the purposes of billing and providing information on upcoming events and program opportunities. Data is used to determine how well your YMCA is serving the community. Your records will not be released to a third party without your permission. You may inspect your records and update your personal information at any time. Please notify the Executive Director of your YMCA about any concerns regarding the privacy of your YMCA records.

PHOTOS/TALENT RELEASE

I hereby irrevocably release, consent and allow the YMCA of Metropolitan Los Angeles and its agents to use my photograph / likeness / voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

CHECK ONE OF THE FOLLOWING BELOW

MEMBERSHIP (please check one)

- Youth (under 18)
- Individual (18 and above)
- Family * 1
- Single-parent Family * 2

¹ A husband and wife, or 2 adults in a domestic partnership (as defined by the YMCA of Metropolitan Los Angeles) and up to four (4) of their dependents under the age of 24 living in the same household will qualify for a Family Membership.

² One adult and up to four (4) of his or her dependents under the age of 24 living in the same household will qualify for a Single Parent Family Membership.

* One extra adult living in the same household who is a dependent may be added to the Family/Single Parent Family Membership for an additional \$10 per month. Additional dependents (children) under the age of 24 living in the same household may be added to the Family/Single Parent Family Membership for an additional \$5 per month, per child.

* Dependents must be claimed as your tax deduction. Proof may be required. Parents or adult must remain in the facility with children under 12 years old.

PAYMENT OPTIONS & TERMS

Initial _____

My YMCA membership will be regarded as continuous until the time that I decide to terminate.

I agree that if for any reason I wish to change the status of my membership, I must give the YMCA written notice 15 days prior to my draft/invoice date. I am responsible for payment of draft or invoice if 15 days notice is not received.

To terminate my membership I must do so in writing and I must surrender my membership card(s) to the YMCA.

I understand that the YMCA reserves the right to adjust membership rates as necessary.

A \$25 service fee will be charged for all returned items including bounced checks and declined ATS payments.

Each member must present his/her membership card each time I want to gain access to the facility. A \$10 replacement card fee will be charged for lost, misplaced or stolen cards.

The YMCA offers 2 types of payment options:

Membership begins on ____/____/____

Option #1 - Automatic Transfer System (ATS)

ATS

Joining Fee \$ _____

Pro-rate (after the 15th) \$ _____

1st Month \$ _____

Amount Due Today \$ _____

\$ _____ will be drafted on the 2nd of each month.

Option #2 - Pre-paid

PRE-PAID Check Cash Credit Card

Joining Fee \$ _____

Pro-rate (after the 15th) \$ _____

1st Payment \$ _____

Amount Due Today \$ _____

\$ _____ is due at the 1st of the month every
 3 6 12 months
 (circle one)

Receives Scholarship Scholarship expires on: ____/____/____

I agree to the above membership terms and policies.

SIGNATURE _____ DATE _____