



NEW BRITAIN-BERLIN YMCA

MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primary Member (must be an adult)

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Mailing Address			City	State	Zip
Home Phone		Cell Phone		E-mail	
Employer		Occupation		Company Address	Income (optional)

2nd Adult (if applicable)

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Employer		Occupation		Company Address	Income (optional)

Additional Dependent Household Members

First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth
First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth

How did you hear about the YMCA? (check all that apply)

☐ Employee ☐ School ☐ Brochure/Flyer
☐ Family/Friend ☐ YMCA Event ☐ Direct Mail
☐ Medical Referral ☐ YMCA Website ☐ Newspaper/Radio
☐ YMCA Member ☐ Outside Sign ☐ Other

Please Specify: _____

My main interests are: (check all that apply)

☐ Aquatics ☐ Socialization
☐ Family Programs ☐ Youth/Teen
☐ Fitness ☐ Time for Self
☐ Fundraising ☐ Other

Please Specify: _____

TO BE COMPLETED BY WELCOME CENTER STAFF

Please Fill Out Completely	Staff Name:	Date:
Member ID:	Given a New Member Packet?: Y or N	Circle Membership Type (See Below)

Membership Type: (circle one)

Full Facility Program
Student Military Young Adult Childcare Family Senior Military Family Adult Single Parent Family
Senior Couple Family Health Club Senior Household Health Club Adult Health Club Family

Payment Options & Authorizations

- I understand I am authorizing the New Britain-Berlin YMCA to contact my bank or credit card company on my behalf to implement a monthly automatic debit/withdrawal (from checking or savings account) or charge (debit or credit card) for my YMCA account.
- I authorize the YMCA to debit/charge the account/card identified below. I certify such account/card exists and I agree to maintain said account/card with sufficient funds to permit said debit/charge. I understand this (bank/credit card company) account/card will be kept on file to use for charges to my YMCA account.
- You must notify the YMCA in writing by filling out a Cancellation Form at the Front Desk 30 days prior to the time you would like the membership to end. The YMCA has 30 days to inactivate your account. It is your responsibility to verify with your bank or credit card company that payment to the YMCA has stopped. The YMCA is not responsible should payments continue to be withdrawn from your bank or credit card account.
- I agree to notify the New Britain-Berlin YMCA of any account changes. I understand account changes must be completed 14 days prior to my next debit/withdrawal or charge.
- I agree to notify the New Britain-Berlin YMCA immediately in the event my debit/credit card is lost or stolen.
- I authorize the New Britain-Berlin YMCA to continue to draft past due payments up to 30 days after my enrollment is terminated. Debits and charges are processed on or about the 1st or the 15th of each month. **Please select one:** ☐ 1st ☐ 15th

Please select one method of payment:

Monthly Draft Amount: _____

☐ Debit/Withdrawal from Checking/Savings Account

☐ Charge to Debit or Credit Card

Bank Name: _____

☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Bank Address: _____

Name on Card: _____

Account #: _____ Routing #: _____

Billing Address: _____

Expiration Date: _____ Security Code: _____

- New Britain-Berlin YMCA monthly membership is a continuous plan which automatically renews monthly.
- New Britain-Berlin YMCA, at their discretion, may adjust the monthly rate of membership. I will receive at least 30 days notice prior to any such change.
- Should any YMCA account debit or charge not be honored by my bank or credit card company for any reason, I am still responsible for that payment plus a \$20 service charge that will be applied to my account, in addition to any service fee my bank may charge.
- New Britain-Berlin YMCA reserves the right to terminate my membership for non-payment of membership or program charges.

Signatures

I have read and agree to the above terms and duration of this agreement:

Signature of Bank Depositor: _____ **Date** _____

Member Code of Conduct

Together, we can all do more to help strengthen our community. Toward that end, New Britain-Berlin YMCA members should consistently celebrate the YMCA core values of caring, honesty, respect, and responsibility with behavior that illustrates those values. The New Britain-Berlin YMCA reserves the right to suspend or terminate membership privileges for behavior not in accordance with the YMCA core values.

Liability and Photo Release

I hereby assume full responsibility for any and all damages, injuries, or losses I or any member of my household may sustain or incur while attending or participating in any YMCA exercise and/or program. I hereby waive all claims against the New Britain-Berlin YMCA, its instructors or partners, individually or otherwise, for any and all claims for injuries or damages I or any member of my household might sustain. I understand that there is a risk of injury associated with participation in any YMCA program and I certify that I and the members of my household are in good physical condition and have no disabilities that might hinder my/our participation. I certify that all of the information provided in this application is accurate and complete. I hereby grant the New Britain-Berlin YMCA my consent and authorization to use images and videos of me and the members of my household for the express purpose of helping the New Britain-Berlin YMCA to promote its scholarships, services and programs.

Signatures

I have read and agree to the Member Code of Conduct, Liability and Photo Releases above and certify that the information provided in this application is accurate and complete.

Member Signature: _____ **Date** _____

Membership is VALID ONLY WHEN emergency contact information is complete and waiver is signed.
Please print clearly.

EMERGENCY CONTACT INFORMATION

Emergency Contact: Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Concerns: _____