



WOODSON YMCA

Membership Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

☐ Membership Type

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Family/Household* | <input type="checkbox"/> Adult (Ages 25+) | <input type="checkbox"/> Young Adult (Ages 18 – 24) | <input type="checkbox"/> Youth (Ages 17 & Under) | <input type="checkbox"/> 55+ All Access |
| <input type="checkbox"/> Optum One Pass | <input type="checkbox"/> Renew Active | <input type="checkbox"/> Silver & Fit | <input type="checkbox"/> WPS Insurance | <input type="checkbox"/> Goodwill Adult |
| <input type="checkbox"/> 30 Day Family | <input type="checkbox"/> 30 Day Adult | <input type="checkbox"/> 30 Day Senior | <input type="checkbox"/> 30 Day Youth | <input type="checkbox"/> Goodwill Family |
| <input type="checkbox"/> 90 Day Youth (June 1 – August 30) | <input type="checkbox"/> 90 Day Young Adult Student (June 1 – August 30) | | | |

☐ Day Pass

- ☐ Family – Household* ☐ Adult (Ages 18+) ☐ Youth (Ages 12-17)

☐ Guest Pass Member Sponsored: _____

Applicant (A1)

FIRST NAME			M.I.	LAST NAME	
GENDER	DATE OF BIRTH	RACE	EMAIL		
PRIMARY PHONE			EMERGENCY CONTACT		EMERGENCY PHONE
ADDRESS			CITY	STATE	ZIP
YOUTH PARENT'S NAME			PHONE		
PARENT'S PHONE			PARENT'S DATE OF BIRTH		

Spouse / Adult Household Member (A2)*

FIRST NAME			M.I.	LAST NAME	
GENDER	DATE OF BIRTH	RACE	RELATION TO PRIMARY		
PHONE			EMAIL		

Optional Services

All fees are per person/per month.

A1 A2

- | | |
|--|------|
| <input type="checkbox"/> 24/7 ACCESS – Aspirus | \$5 |
| + One Time Key Fee | \$20 |
| <input type="checkbox"/> Towel Service | \$10 |
| <input type="checkbox"/> Kit Locker – Wausau | \$5 |
| <input type="checkbox"/> Kit Locker – Aspirus | \$10 |
| <input type="checkbox"/> Unlimited Yoga | \$15 |

Y For All Campaign

When you support our annual campaign, your donation helps meet the needs of our community's seniors, families and children by providing memberships and program scholarships; regardless of income. With your support everyone belongs!

Monthly Reoccurring Donations

- ☐ \$1 ☐ \$5 ☐ \$10
☐ \$1 ☐ Other \$ _____

One-Time Donations

- ☐ \$10 ☐ \$20 ☐ \$50
☐ \$100 ☐ Other \$ _____

* FAMILY / HOUSEHOLD:

One or two adults living in the same household and any of their dependents children under the age of 18 or in college (full time) up to age 25.

Household Family Members / Dependents

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	RACE	SCHOOL	

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	RACE	SCHOOL	

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	RACE	SCHOOL	

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	RACE	SCHOOL	

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	RACE	SCHOOL	

PAYMENT METHOD

Please initial next to each item.

- _____ I understand that I am enrolling in a **RECURRING** payment plan and have been provided with Woodson YMCA's membership fees rate sheet or have discussed membership rates with staff. Payments are charged on the 20th day of each month. I also understand that if I am paying by bank draft, the payment will typically settle between the 21st- 24th day of the month. I understand that the deduction that occurs on the 20th of each month pays for the first day of the month through the last day of the current month.
- _____ I understand that if I wish to cancel, I will provide a **30-day notice by either completing a cancellation form or by sending a cancellation letter via regular or electronic mail. Cancellations via phone are not accepted.**
- _____ I understand that the Woodson YMCA may make adjustments to monthly fees with a 30-day notice. This notice can be electronic, to include an email or posting on the YMCA website, or paper notification via flyers and/or signs in common areas of the facilities.
- _____ I understand that if I need to make a change to my membership or account information, that I must complete a change form by the 15th.
- _____ I understand that if payments submitted to my bank are not honored by my bank for any reason, that I am still responsible for the payment plus any additional service charges applied by or charged to the YMCA. I authorize the YMCA to issue additional statements to my bank to collect any such delinquent payment together with any service charges applied by or charged to the YMCA.
- _____ I understand that any returned or declined payments will result in a **\$25 service charge**. This service charge applies to all returned checks or declined electronic fund transfers.
- _____ I understand that when joining with a "Promo" it is a 6 month commitment to a Y membership. If I decide to cancel my membership prior to 6 months, I understand I will have to pay the value of the promotional discount.
- _____ I understand that membership is ongoing and **WILL NOT end until I complete the membership cancelation process.**

BANK DRAFT ACCOUNT

☐ Checking

☐ Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

CREDIT CARD DRAFT ACCOUNT

☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

Name on Card: _____

CC Number: _____

Exp Date: _____

CVC Code: _____

BEHAVIOR

Membership at the Woodson YMCA is a privilege. The Woodson YMCA, to the extent not otherwise prohibited by law, reserves the right to deny, condition, or revoke membership of any individual who:

- Is arrested for, charged with, or convicted of sex offenses as that term is defined in WI State 301.45(1d)(b). 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.
- Is arrested for, charged with, or convicted of other crimes inconsistent with the values of the YMCA, including crimes involving moral turpitude or bodily harm.
- Engages in inappropriate behavior or other misconduct on or near the property of the YMCA including, but not limited to, profanity, abusive language, inappropriate sexual behavior, inappropriate attire, smoking, consumption of alcohol, drug use, or removal and/or damage of YMCA property.

POLICIES

- I agree to uphold and model the core values of the YMCA during and while participating in YMCA activities and programming.
- I understand if I signed up during a promotional period, that I am committed to a 6 month membership and cannot cancel unless I agree to re-pay the promotional discount I received when registering. I also understand that memberships are ongoing and WILL NOT cancel automatically.
- I understand that my photo may be taken and used in marketing materials. If I do not wish to have my photo included, I will notify the photographer.
- Youth memberships are required to sign a Code of Conduct agreeing to abide by the Core Values of the YMCA.
- Child members under the age of 10 must be supervised by an adult while in our Y facilities. Child non-members under the age of 12 must be supervised by an adult while in our Y facilities.
- Some age restrictions apply to the Track and Wellness Centers. For details, please refer to posted signs or request information from the membership desk.
- I have read and agree to all policies list on our website: WoodsonYMCA.com/membership-policies

YMCA NATIONAL MEMBERSHIP By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Association of the United States of America, and its independent and autonomous member associations in the United States 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 the loss of property to the fullest extent of the law.

Signature: _____

Date: _____

FOR STAFF USE ONLY

☐ Fitness ID: _____

☐ Corporate Discount Group: _____

☐ Photo Taken

☐ Photo ID Checked

☐ Joiners Fee Waived

☐ Completed in Daxko

☐ 3rd Party Payor: _____

☐ Annual or Semi-Annual Pay: Cash, Check or CC \$ _____

Monthly Fee \$ _____

Amount Due Today \$ _____

Staff Initials: _____

Date: _____