



OTTUMWA YMCA

Membership Application

BUILD YOUR MEMBERSHIP

Base Category - \$

Adult - \$41 / Senior - \$38 / Youth - \$22
(19-64 yrs of age) (65 yrs & Older) (10-18 yrs of age)

(Only Adult & Senior categories qualify for add-ons)

Add-On 1 - \$

• Add Adult(s) - 19 yrs & up **\$20**
(must reside in same household)

Add-On 2 - \$

• Add Unlimited Youth - Up to 18 yrs **\$15**
(must reside in same household)

Add-On 3 - \$

• Add One Locker - Full or Kit Size **\$10**

• Add Two Lockers - Full or Kit Size **\$16**

TOTAL PER MONTH - \$

Easy Payment Options:

- ACH monthly draft from checking, savings or credit card
- Annual or 6 month payment by cash, check or credit card

BASE MEMBER: Adult Senior Youth Financial Assistance (Please Print)

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Male Female Date of Birth: ____/____/____ Age: _____

Phone: Home: _____ Cell: _____ Business: _____

E-mail: _____

OPTIONAL ADD-ONS

(Qualifications: 1. Base membership is Senior or Adult 2. Must reside in same household)

ADDITIONAL MEMBER: ADULT YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport

Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age: _____ Phone: _____

ADDITIONAL MEMBER: ADULT YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport

Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age: _____ Phone: _____

ADDITIONAL MEMBER: ADULT YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport

Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age: _____ Phone: _____

ADDITIONAL MEMBER: ADULT YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport

Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age: _____ Phone: _____

ADDITIONAL MEMBER: ADULT YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport

Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age: _____ Phone: _____

OTHER INFORMATION

IN CASE OF EMERGENCY NOTIFY:

Full Name: _____ Phone: _____ Relation: _____

Health Ins. Provider: _____ Base Member: Employer/School: _____

Annual Household Income: Under \$50K Over \$50K

Ethnicity: Asian African American Hispanic Native American Caucasian Other: _____

WAIVER: In consideration of the YMCA accepting this application, I, for myself, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing, release and forever discharge the YMCA of Ottumwa, Iowa and its officers, employees, directors, agents, servants, and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing or his/her property at any time.

FOR MEMBERS ON ACH DRAFT: I understand that if I do not cancel in writing by the 1st of the month for the 10th ACH withdrawal OR by the 15th of the month for the 25th withdrawal; that my ACH bank draft payment will be taken out of my account for that month.

Cancellation Policy: I understand that if I cancel my YMCA membership within 6 months of my membership start date, I will be charged a \$50.00 cancellation fee. Cancellation fee does not apply to financial assistance or youth memberships.

Non Payment Policy: It is the policy of the Ottumwa Family YMCA to resubmit all returned payments for membership fees one time within 30 days of the originally scheduled draft date. If the payment is returned a second time, the membership will be terminated and all fees, including but not limited to: return service fees, cancellation fee if applicable and unpaid membership dues will be added to that account.

I declare, for myself and the minor(s) that I/her/she/we am/are/ is physically sound and medically approved to participate in the activities of the YMCA.

Signature of Base Member Applicant/Parent or Guardian if a minor

Date

FOR OFFICE USE ONLY

Scholarship Information

Membership Fee: \$ _____
Scholarship Reduction: -\$ _____
Locker Fee: \$ _____
Total: \$ _____

Payment Type:

Full Payment: 12 months 6 months

(Refunds will not be given for full pay memberships)

Bank Draft: 10th or 25th

(Through checking/savings account or credit card, NO DEBIT CARDS ACCEPTED)

Month to Month Payment: Start Date: _____

(Month to Month Memberships are charged an additional \$15 per month fee)

Locker Rental:

(Need to be 18 years of age or older)

Locker #1:

Full Locker Kit Locker

Men's Women's

Locker Number: _____

Locker #2:

Full Locker Kit Locker

Men's Women's

Locker Number: _____

Locker #3:

Full Locker Kit Locker

Men's Women's

Locker Number: _____

Payment Method: Cash Check #: _____ Credit Card Last 4 digits: _____

IMPORTANT FACTS:

Staff Member **ACH DRAFT POLICY:** I understand that if I do not cancel in writing by the 1st of the month for the 10th ACH withdrawal OR by the 15th of the month for the 25th withdrawal; that my ACH bank draft payment will be taken out of my account for that month.

Staff Member **Cancellation Policy:** I understand that if I cancel my YMCA membership within 6 months of my membership start date, I will be charged a \$50.00 cancellation fee. Cancellation fee does not apply to financial assistance or youth memberships.

Staff Member **Full Payment Policy:** Refunds will not be given for memberships paid in full. Refunds will be reviewed for members that have experienced a "life changing event."

Staff Signature

Staff Printed Name

Date