

Membership Type: \_\_\_\_\_  
 Monthly/Yearly: \_\_\_\_\_  
 Billing Amount: \_\_\_\_\_  
 Employee Initials/Date: \_\_\_\_\_



## HOERNER YMCA MEMBERSHIP APPLICATION

Primary member information – please print legibly.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

DOB: \_\_\_\_\_ ID# (office use only): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

NAME (Please include Middle Initial)	Date of Birth	Sex (M or F)	Relationship	ID#

I hereby, for myself, my household, my family, heirs, executors, and administrators, waive and release all claims and damages I may have against the Hoerner YMCA and their respective agents, representatives, successors, and assigns, for all injuries which may be suffered by me, my household, or my family in connection with participation in Hoerner YMCA activities and programs.

I understand that the YMCA assumes no responsibility for injuries or illnesses which I, my household or family may sustain because of our physical condition or resulting from our observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for all injuries and illnesses for myself, household, or family, which may result from participation in these activities.

I also grant full permission to the YMCA to use any photographs, tape, or video recordings taken of my, my household, or my family.

I agree on behalf of myself, my household, and my family with the YMCA policies and procedures, and understand that my/our membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

I understand that if my membership at another YMCA has been suspended or terminated that I am not eligible for membership at the Hoerner YMCA.

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.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations 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 loss of property, fully of the law.

NOTICE TO CUSTOMER: I have read this waiver, received and read the Membership Packet, including the Youth Conduct Policy, I understand them, and I agree to them voluntarily. I will comply with the rules and regulations of the Hoerner YMCA. You are entitled to a copy of this agreement at the time you sign it.

**MEMBERSHIP FEES ARE NON-REFUNDABLE.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR ELECTRONIC FUND TRANSFER

## What is the YMCA Electronic Transfer Plan?

The program provides a way to budget your annual YMCA membership fees on a monthly basis. With your authorization, the membership fees are deducted monthly from a checking account of your choosing.

## What are the benefits of such a program?

\*Affordable. Monthly payments are easy on your budget.

\*Convenient. You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, and no stopping at the Front Desk every month to renew.

\*Continuous Membership Use. Your membership will not lapse unless you decide to discontinue your participation.

\*No Additional Fees. There is no extra charge for using the YMCA's electronic fund transfer payment plan.

## Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my checking account.

Indicated above and the Financial Institution named below to debit my account.

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Draft Day: 12<sup>th</sup> of each month

Monthly Amount: \_\_\_\_\_

*This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership. \*MEMBERSHIP FEES ARE NON-REFUNDABLE.*

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Member's Signature

## HOERNER YMCA

2126 Plank Rd

Keokuk, IA 52632 (319) 524-6724

## Who is eligible for the Electronic Fund Transfer Payment Plan Program?

Any adult, 18 years of age or older, who has a checking account at a participating financial institution.

## How do I sign up?

By completing this authorization form (front and back) and returning it **along with a voided check or deposit slip.**

The check/deposit slip must be pre-printed with a customer's name on it. We will then complete our verification process and issue your YMCA membership card(s).

## Terms and Conditions

I understand that this is a continuous membership plan.

Initials: \_\_\_\_\_

I understand that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice. I understand that I must turn in all my membership cards upon termination.

Initials: \_\_\_\_\_

The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least 4 weeks' notice prior to any such change in my membership fees.

Initials: \_\_\_\_\_

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment plus any service fees my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time and provide a new voided check/deposit slip.

Initials: \_\_\_\_\_

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Name of Member (Printed)