



# Greater Burlington YMCA Membership Application

Membership Type	Today's Date	Draft Start Date	Draft Day	Staff Initial

## PRIMARY MEMBER

(PLEASE PRINT)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (Circle): M F

Race:  Native American  Hispanic  Asian/Pacific Isl.  Caucasian  African American  Other \_\_\_\_\_

Marital Status: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer Name \_\_\_\_\_

## 2ND ADULT ON MEMBERSHIP

RELATION TO PRIMARY MEMBER: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (Circle): M F

Race:  Native American  Hispanic  Asian/Pacific Isl.  Caucasian  African American  Other \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer Name \_\_\_\_\_

## DEPENDENTS ON MEMBERSHIP

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (Circle): M F

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (Circle): M F

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (Circle): M F

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PLEASE READ THE FOLLOWING CAREFULLY BECAUSE IT AFFECTS YOUR RIGHTS:

I understand that there is a risk of injury associated with participation in any YMCA program or use of its facilities. In consideration for Greater Burlington YMCA ("YMCA") membership, participation in its programs and/or use of its facilities, I assume full responsibility for any and all injuries, damages or losses in any way arising from or connected with my participation in YMCA programs or use of its facilities. By doing so, I hereby waive any right to sue the YMCA and release, hold harmless and forever discharge it, its employees and agents, individually or otherwise, from any and all liability, claims, lawsuits, demands, rights or causes of action of any kind, including negligence. I certify that all of the information provided on my application is true.

I UNDERSTAND THAT THIS AGREEMENT CONSTITUTES A BINDING PROMISE. I HAVE READ AND AGREE TO IT.

\_\_\_\_\_  
Primary Member's Signature      Date

\_\_\_\_\_  
Secondary Member's Signature      Date

\_\_\_\_\_  
Other Member over 18 yrs      Date

**OUR MISSION:** The Greater Burlington YMCA is a non-profit organization with a mission to build a strong community by involving youth, adults and families in programs and activities that develop spirit, mind and body.



# Greater Burlington YMCA

## TELL US ABOUT YOURSELF

### How did you find the Y?

- Friend
- gbymca.org
- Internet Search
- Newspaper
- Postcard or Mailing
- Radio
- Social Media
- TV
- Workplace
- Y Member
- Other

### Areas of Interest (Select all that apply)

- After School Programs
- Aquatic Fitness Classes
- Basketball
- Cardio Machines
- Child Care
- Cooking Classes
- Family Programs
- Group Fitness Classes
- Indoor Pools
- Nutrition Programs
- Personal Training
- Senior Programs
- Social Activities
- Special Events
- Strength Training
- Summer Camp
- Swim Lessons
- Swim Team
- Teen Programs
- Vacation Camps
- Weight Management
- Youth Classes

### Household Income

- \$0 - \$13,999
- \$14,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$54,999
- \$55,000 - \$74,999
- \$75,000 & up

### Are you interested in volunteer work? (Select all that apply)

- 24 Hour Swim
- Cleaning / Painting
- Clerical Work
- Committee Participation
- Golf Tournament
- Healthy Kids Day
- Special Event
- Street Team
- Other

## GREATER BURLINGTON YMCA CODE OF CONDUCT

- We are committed to providing a safe and welcoming environment for all members and guests.
- Greater Burlington YMCA members are expected to abide by our Code of Conduct that reflects our values of caring, honesty, respect and responsibility. The complete Code of Conduct can be found in the Membership section of gbymca.org
- The YMCA reserves the right to revoke membership privileges at any time for violation of policies or behavior not in accordance with the mission and/or character values.
- Gym bags and personal belongings must be placed in lockers at all times. The Y is not responsible for lost or stolen items.

## MEMBERSHIP POLICIES (Please initial each item)

1. It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the Greater Burlington YMCA 30 day written notice by completing a termination form in person at the Y.
2. I understand that there is a 30 day termination policy. All memberships are on a calendar month to calendar month basis, and monthly dues are due on the 1st of each month (even if you elect to automatically pay on the 15th of the month - this is a courtesy that we offer - but is still payment for the calendar month). Any payments that become due within 30 days of signing the termination form will be payable. \_\_\_\_\_
3. Members may request their membership be put on hold for up to 3 months per year. A \$10 per month hold fee would apply. We will waive this fee if the hold is due to a medical reason (doctors note required). Members may not use YMCA facilities while a membership is on hold. \_\_\_\_\_
4. I understand that I will receive at least 30 days notice of any changes in membership rates. Annual membership fees will be adjusted at time of renewal.
5. YMCA membership is a continuous plan. I understand that this membership will remain in effect until I terminate my membership in accordance with the termination policy.
6. Should any payment not be honored by my bank/credit card company for any reason, I understand that the Y will attempt to process that payment again before contacting me via phone. I understand that I am still responsible for that payment plus a service charge applied by the GBYMCA. This is in addition to any service fee my bank may charge me or the YMCA.
7. YMCA expects members to abide by our Code of Conduct and all membership policies on gbymca.org and reserves the right to terminate membership upon non-payment of fees or inappropriate conduct. \_\_\_\_\_
8. The joining fee is required on all memberships that have lapsed for more than 30 days. \_\_\_\_\_
9. Membership in non-transferable \_\_\_\_\_
10. Annual memberships are non-refundable. This policy may be adjusted if I have a medical reason stated in writing by my physician. \_\_\_\_\_

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