



# FREMONT FAMILY YMCA

## MEMBERSHIP APPLICATION

**MISSION OF THE FREMONT FAMILY YMCA:** God has given us the pathway to life and health through Jesus Christ and the Holy Scriptures. It is the mission of the Fremont Family YMCA to help put these Christian principles into practice through programs that help build healthy spirit, mind and body for all.

**No Youth Denied:** Any youth may belong to the YMCA regardless of income or family situation. Membership assistance is available. If you know of a youth who would like to belong, please contact a YMCA staff member for more details.

### Membership Type:

- Youth (Infant-High School) • \$20.00 monthly
- 65+ • \$38.00 monthly\*
- 65+ Couple • \$61.00 monthly\*
- Young Adult (age 19-27) • \$37.00 monthly
- Adult (age 28-64) • \$49.00 monthly\*
- Single Parent Family • \$60.00 monthly
- 3 Adult Household • \$97.00 monthly\*
- Family • \$70.00 monthly (Married couple with dependents & full time college students ages 22 & under)\*
- Household • \$70.00 monthly (2 Adults with dependents & full time college students ages 22 & under)\*

\* \$40 membership joining fee applies to Adult, Single Parent Family, Family, Household and 65+ membership types.  
 \*\*Annual fee for each membership type is monthly rate x 12.

**Billable Member:** (Please list parent or guardian information here if purchasing a Youth Membership)

Name: \_\_\_\_\_ • Male / Female • Birth date: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ • Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ • Emergency Contact Number: \_\_\_\_\_

**Additional individuals on membership or individual youth members.**

Status	Family Members Full Name	Gender	Birth Date	E-Mail	School	Grade
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				

Membership Fees

Joiner Fee

**Total Fees Today**

\_\_\_\_\_ (+) \_\_\_\_\_ (=) \_\_\_\_\_

FOR OFFICE USE ONLY: Receipt # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

# FREMONT FAMILY YMCA Terms & Conditions

I have been offered and have viewed the Fremont Family YMCA waiver & release documentation.

**Waiver and Release.** I HAVE READ AND FULLY UNDERSTAND THAT THIS WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF NEBRASKA AND AGREE THAT IF ANY PART IF HELD INVALID, THE REMAINING PARTS OF THIS WAIVER AND RELEASE WILL CONTINUE IN FULL FORCE AND EFFECT AS INTENDED.

I have read the information provided in this application and certify my compliance with my signature below.

Printed Name: \_\_\_\_\_

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

**Waiver and Release on Behalf of Minors.** AS PARENT OR GUARDIAN OF EACH AND EVERY LISTED MINOR MEMBER, I HAVE READ AND FULLY UNDERSTAND THE ABOVE TERMS & CONDITIONS OF THE YMCA AND HEREBY WAIVE AND RELEASE ON BEHALF OF EACH AND EVERY LISTED MINOR MEMBER.

Printed Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Member's Bank Draft Account Information (Monthly Membership Payment)

As a convenience to me, I hereby authorize FREMONT FAMILY YMCA (the YMCA) to pay and charge to my account payments drawn on my account by and payable to the order of, the YMCA in the amounts and for the purposes specified on this form.

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment. If the payment is returned, I will be billed for that month's payment & will be responsible for a service charge of no more than \$10 applied by the YMCA. This is in addition to any service fee my bank may make. 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. **I also understand that written notice is required by the 5<sup>th</sup> of the month to terminate bank draft memberships & that this membership is continuous until I have done so.** I understand that the YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category and that I will receive at least four weeks' notice prior to any such change in my membership fee. I understand that if I/we cancel our membership for any reason, I/we will have to repay the joining fee each time I/we rejoin the YMCA after a 60 day period.

\_\_\_\_\_  
Names(s) as shown on Deposit Account

\_\_\_\_\_  
Routing/Transit Number

\_\_\_\_\_  
Deposit Account Number

Checking  Savings  
(Please specify account type)

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
City, State, and Zip Code

Date Transfers are to Begin: \_\_\_\_\_  
Month Day Year

To be withdrawn \$ \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
Date

(Attach voided check to form)