



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACHIEVING GOALS TOGETHER

MEMBERSHIP APPLICATION



YMCA OF BROOME COUNTY

MEMBERSHIP RATES

MEMBERSHIP TYPE	MONTHLY PAYMENT (automatic withdrawal) First payment will be pro-rated based on join date and include the joiner fee where applicable	ANNUAL PAYMENT (includes joiner fee) initial payment will also include a pro-rated first month based on join date in addition to the below rates
Youth	N/A	\$86
High School	\$15	\$180
College	\$45	\$540
Individual Adult	\$53	\$686
Family	\$81	\$1,022
Athletic Center	\$87	\$1,094
Athletic Center Family	\$112	\$1,394

MEMBERSHIP CATEGORIES

YOUTH

For one child age 0 - 13, includes limited access to the facilities, and the discounted member rates on all programs and activities.

HIGH SCHOOL

For one person with a valid High School ID. Includes access to the facilities, classes, and the discounted member rates on all programs and activities, including wellness center and weight room.

COLLEGE

For one person with a valid College ID. In addition proof of at least 9 credit hours per semester will be required within 7 days to maintain your college membership rate. Includes access to the facilities, classes, and the discounted member rates on all programs and activities.

INDIVIDUAL

For one adult age 18+, includes access to the facilities, classes, and the discounted member rates on all programs and activities.

FAMILY

For up to two adults age 18+ and all dependents of the household who reside at the same address. Includes access to the facilities, classes, and the discounted member rates on all programs and activities.

ATHLETIC CENTER

Binghamton Y only, provides access to the Men's only locker room with reserved lockers for one adult age 18+. Includes access to the facilities, classes, and the discounted member rates on all programs and activities.

ATHLETIC CENTER FAMILY

Binghamton Y only, provides access to the Men's only locker room with reserved lockers for one adult age 18+. Includes Family Membership and access to the facilities, classes, and the discounted member rates on all programs and activities.

ALL NEW MEMBERSHIPS COME WITH A 30 DAY MONEY BACK GUARANTEE

Financial Assistance is available to anyone in need.

Please complete the application included in this booklet and let us help you become a part of the Y today.

WWW.YMCABROOME.ORG

BINGHAMTON BRANCH

61 Susquehanna Street, Binghamton, NY 13901
Tel (607) 772-0560
Fax (607) 772-0563

WEST FAMILY BRANCH

740 Main Street, Johnson City, NY 13790
Tel (607) 770-9622
Fax (607) 729-4977



YMCA OF BROOME COUNTY FINANCIAL ASSISTANCE APPLICATION

It is the mission of the YMCA of Broome County to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay membership or program fees. Every year the YMCA of Broome County raises money to help youth and families participate in YMCA programs.

To be eligible for financial assistance, applicants must complete this assistance application and meet household/yearly income requirements. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, applicants will be asked to pay some portion of the fees. Financial Assistance is awarded for a one year period.

To apply for assistance, complete the following application and submit it to the Welcome Center of either YMCA of Broome County Branch.

All determinations are subject to review and may change based on information provided. If we are unable to make a determination or you are not eligible for assistance, the Membership Director will contact you within 3 business days to review your membership options.

Applicants who do not provide all proof of income/assistance within 7 days will have rates returned to full price on the next billing cycle.

Name: _____ Email: _____ Phone: _____

Address: _____
Street _____ City/State _____ Zip _____

Please list all members in the household below:

First Name	Last Name	Date of Birth	Gender

Please list all Income & Expenses below:

Monthly Income		Monthly Expenses	
(Gross) Wages/Tip	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities/Phone	\$
Social Security	\$	Food	\$
PA/Cash Grant	\$	Clothing	\$
Aid to Children	\$	Car/Insurance	\$
Food Stamps (SNAP)	\$	Alimony	\$
Alimony	\$	Child Support	\$
Housing Assistance	\$	Medical	\$
Retirement/Pension	\$	Other:	\$
DHS Subsidy	\$	Other:	\$
Other:	\$	Other:	\$
Monthly Total:	\$	Monthly Total:	\$

PLEASE INDICATE

Number of household members: _____ Total annual income: _____

Have you ever applied for YMCA financial assistance before? No Yes & Year: _____

Do you currently receive YMCA financial assistance? No Yes & Current Rate: _____

How much can you contribute per month towards your membership? \$ _____

Please share with us your need for financial assistance: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to provide additional documentation, if requested, to verify need. Further, I agree to inform the YMCA of Broome County immediately of any change to my income or family size. I understand that false or incomplete information could jeopardize my assistance. It is also the policy of the YMCA that assistance will be revoked if payments are not made on time.

Signature: _____ Date: _____

I understand that I must provide proof of all income and assistance within 7 days for review of the date of this application and that without submitting this information my rate will change to the current full rate for all memberships and programs.

Signature: _____ Date: _____

FOR DESK STAFF USE ONLY:

Approved: Yes No Date Received: _____ by Staff Initials: _____ Amount: _____ Notes: _____

For Director Use Only:

Proof of Income due by: _____ Reviewed Date: _____ by Staff Initials: _____

MEMBERSHIP RATE AGREEMENT

Name: _____ Membership Type: _____ Rate: _____

As a new member, there are a few processes we would like you to be aware of:

1. Your membership payment can be made directly from your checking account, savings account, or from a credit card. It will be drafted on or about the 15th of each month and will give you member privileges for the entire calendar month of the draft.
2. This membership is a month-to-month agreement. Your membership will renew automatically on the first of each month at the current applicable rate unless canceled by you or the YMCA. If the YMCA changes your membership rate, you will receive written or email notice at least 15 days before the new rate takes effect.
3. We do ask that you refer to your bank/credit card monthly statement as your own proof of payment, monthly receipts can be provided upon request.
4. Please notify us of any changes to your information by the 30th of the month, so that it can take effect with the following draft. You have our promise that we will do the same should any rates change at the Y.
5. There will be a \$30 declined payment fee charged for each returned payment, and if two consecutive monthly drafts are returned to us unpaid, we will need to end your membership.
6. If you wish to put your membership on 'freeze', you can do so by filling out the appropriate paperwork at either Welcome Center. Please ensure this is done prior to your required 'freeze' start date.

By signing below, you indicate that you understand all the above information and agree to the terms of this agreement.

Authorizing Signature: _____ Date: _____

MEMBERSHIP CANCELLATION PROCEDURE

Cancellations may be submitted by mail, email, online form, or in person at the YMCA Welcome Center no later than three (3) business days after the membership or renewal takes effect. Refunds for eligible cancellations will be issued within ten (10) days of receipt of notice and prorated for services already rendered or completed.

We aim to provide you with the best possible service we can, however, we do still recommend that you check your statement carefully to ensure payment has been stopped as requested. Any disputed payments over 3 months old, will be at the discretion of the YMCA Membership Committee.

By signing below, you indicate that you understand all the above information and agree to the terms of this agreement.

Authorizing Signature: _____ Date: _____

CONSUMERS RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) BUSINESS DAYS FROM THIS DATE.

ADDITIONAL RIGHTS TO CANCELLATION:

You may also cancel this contract for any of the following reasons:

- If the YMCA of Broome County ceases operation or relocates more than 25 miles from your residence.
- If you move your residence 25 miles or more from the YMCA of Broome County.
- If you become physically disabled for more than three (3) months and provide a doctor's certification.
- If services as promised in this contract cease to be offered.



MEMBERSHIP APPLICATION

For Staff Use Only		Branch
LAST NAME	FIRST NAME	UNIT ID NUMBER

First Name	Middle Initial	Last Name	Barcode	Date of Birth	Gender
Address			City		State Zip
Primary Phone			Email Address		
Emergency Contact	Emergency Phone		YMCA Member Referral (Name & Phone #)		

PLEASE LIST OTHER FAMILY MEMBERS APPLYING BELOW:

FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER	BARCODE	How did you hear about us?
					<input type="checkbox"/> Billboard
					<input type="checkbox"/> Direct Mail
					<input type="checkbox"/> Drive By
					<input type="checkbox"/> E-mail
					<input type="checkbox"/> Former Member
					<input type="checkbox"/> Friend/Family
					<input type="checkbox"/> Magazine
					<input type="checkbox"/> Medical Referral
					<input type="checkbox"/> Member
					<input type="checkbox"/> Newspaper
					<input type="checkbox"/> Place of Employment
					<input type="checkbox"/> Radio
					<input type="checkbox"/> Television
					<input type="checkbox"/> Yellow Pages
					<input type="checkbox"/> YMCA

AREAS OF INTEREST: (Please check all that apply)

<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Child Care	<input type="checkbox"/> Coaching	<input type="checkbox"/> Family Rec.
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Parent-Child Prog.	<input type="checkbox"/> Senior Prog.	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Sports	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Teen Activities	<input type="checkbox"/> Volunteerism

YMCA MEMBERSHIP GUARANTEE:

Your membership can be canceled for any reason within the first 30 days for a full refund.

YMCA OVERALL REFUND POLICY FOR PROGRAMS:

Refunds will be granted upon receipt of a doctor's note.

(For Staff Use Only)

I understand that participation in YMCA Membership and Programming is a privilege and the YMCA reserves the right to revoke these privileges as necessary. If my membership is revoked within the first 30 days I acknowledge that I will not be eligible for a refund.

Signature: _____ Date: _____

(For Staff Use Only)

Staff Notes:

Personal Information

The YMCA uses this information for the use of United Way funding and various other grants and allocations. This information is not reported on an individual basis.

Ethnic Background

<input type="checkbox"/> Asian
<input type="checkbox"/> African American
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Other: _____

Annual Household Income

<input type="checkbox"/> Under \$10,000
<input type="checkbox"/> \$10,000 - \$20,000
<input type="checkbox"/> \$20,000 - \$30,000
<input type="checkbox"/> \$30,000 - \$40,000
<input type="checkbox"/> \$40,000 - \$50,000
<input type="checkbox"/> \$50,000 - \$100,000
<input type="checkbox"/> Over \$100,000

MEMBERSHIP TYPE

JOIN DATE

METHOD OF PAYMENT:

<input type="checkbox"/> Annual
<input type="checkbox"/> Credit Card
<input type="checkbox"/> Insurance
<input type="checkbox"/> Checking/Savings
<input type="checkbox"/> Assistance

Renewal Date: _____

RECEIPT NUMBER

STAFF INITIALS

Monthly Rate: _____

MEMBER/HOUSEHOLD RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND PHOTO RELEASE

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my household members to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating household members and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such household members.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF MEMBERS OF HIS OR HER HOUSEHOLD, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENTIONS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such household members and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such household members whether caused by the negligence of the releases or otherwise while the undersigned or such household members is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such household members in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. 'I' THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such household members due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
 - I realize that as a member or participant (including all individuals on my membership) may be participating in numerous cardio exercise routines and other similarly strenuous physical activities during my visits to the YMCA and to its related programs or program areas. The YMCA advises that if you are currently taking medication, have any physical ailment or are otherwise not in excellent physical condition suitable for such strenuous activity, your participation could be injurious to you. You should seek medical advice regarding these matters BEFORE participating in this program.
4. 'I' consent and agree that the YMCA of Broome County, its employees or agents have the right to use my name, share my personal story, take photographs of me, record video of me and/or my property, to be used for educational materials, advertisements and publications.
5. 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.
6. Membership data will be shared with YUSA for participation 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, to the fullest extent of the law.
7. The YMCA of Broome County does not discriminate on the basis of disability, race, creed, color, gender, sexual orientation, or national origin. Reasonable accommodations will be provided upon request.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

THE UNDERSIGNED agrees that failure to pay dues according to schedule or failure to abide by membership rules could result in termination of your membership including household members.

I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Signature: _____ Date: _____