



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION

WE'RE MORE THAN A GYM
WE'RE A CAUSE



YMCA of Broome County

MEMBERSHIP RATES

| Membership Type | Monthly Payment (automatic withdrawal) <i>First</i> payment will be pro-rated based on join date and include the joiner fee where applicable) | Annual Payment (includes joiner fee) |
|-------------------------------------|---|---|
| Youth (up to 13 yrs) | N/A | \$75 |
| High School | \$13 | \$156 |
| College ¹ | \$39 | \$468 |
| Individual Adult | \$46 | \$602 |
| Family ² | \$70 | \$890 |
| Athletic Center ³ | \$76 | \$962 |
| Athletic Center Family ⁴ | \$97 | \$1,214 |

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.

ALL NEW MEMBERSHIPS COME WITH A 30 DAY MONEY BACK GUARANTEE

A brief explanation of some of our membership categories:

- ¹ **College** students are asked to provide a valid college ID and a class schedule that shows a minimum of 9 credits.
- ² **Family** memberships include 2 adults and all dependents living in the same household.
- ³ The **Athletic Center** membership (Binghamton only) allows access to the programs and services of the Athletic Center, in addition to all other Y facilities.
- ⁴ **Athletic Center Family** memberships follow the same guidelines as for a regular family membership, with the addition of access to the Athletic Center for one person.

The following are answers to some frequently asked questions:

- A 'new member' is defined as any person who has not been a member within the last 30 days.
- There is no joiner fee for college, high school or youth memberships.
- Monthly membership rates can be deducted from your checking account, savings account, or a credit card.
- Monthly payments are drafted on the 15th of each month and provide member privileges for the entire calendar month of the draft. No yearly contract required.

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

www.ymcabroome.org

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



MEMBERSHIP APPLICATION

| | | |
|--------------------|------------|---------------|
| For Staff Use Only | | Branch: _____ |
| LAST NAME | FIRST NAME | ID Number |
| | | |

| | | | | |
|-------------------|-----------------|----------------|------------|---------------|
| First Name | Last Name | Middle Initial | Gender | Date of Birth |
| Email Address | | Cell Phone | Home Phone | |
| Address | | City | State | Zip Code |
| Emergency Contact | Emergency Phone | Relationship | | |
| Employer Name | Address | | Work Phone | |

PLEASE LIST OTHER FAMILY MEMBERS APPLYING BELOW:

| First Name | Last Name | Gender | Date of Birth |
|------------|-----------|--------|---------------|
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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.

Volunteer Opportunities
Would you be interested in volunteering?
 Yes
 No

If Yes, In what area?
 Program
 Special Event
 Policy
 Fund Raising

Ethnic Background
 Asian
 African American
 Hispanic
 Native American
 Caucasian
 Other _____

Annual Household Income
 Under \$10,000
 \$10,000 - \$20,000
 \$20,000 - \$30,000
 \$30,000 - \$40,000
 \$40,000 - \$50,000
 \$50,000 - \$100,000
 Over \$100,000

YMCA Membership Guarantee:
Your membership can be cancelled for any reason within the first 30 days for a full refund.

YMCA Overall Refund Policy for Membership and Programs:
Refunds will be granted upon receipt of a doctor's note.

If you were referred by someone who can we thank?
Name: _____

I understand that participation in YMCA Membership and Programming is a privilege and the YMCA reserves the right to revoke these privileges as necessary.

Signature _____ Date _____

| | | | |
|---|----------------|---|---------------------|
| <small>(For Staff Use Only Below)</small> | | <small>Staff Notes:</small> | |
| Membership Type | Join Date | Method of Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Perpetual (Auto) <input type="checkbox"/> Assistance | Renewal Date: _____ |
| Receipt Number | Staff Initials | | Monthly Rate: _____ |

AUTOMATIC CHECK/CREDIT CARD WITHDRAWAL AGREEMENT

(for members who wish to pay for membership fees monthly)

Name: _____

Membership Type: _____

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. Your membership to the Y will continue on a perpetual basis after the first year, unless you cancel the ACW agreement in writing.
3. We do ask that you refer to your bank/credit card monthly statement as your own proof of payment, as we do not provide monthly receipts.
4. Please notify us of any changes to your information by the 30th of the month, so that it can take effect for the following draft. You have our promise that we will do the same should any rates change at the Y.
5. 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.

Please note: If two consecutive monthly drafts are returned to us unpaid, we will need to end your membership. Unfortunately, there will also be a \$20 return fee charged to you per returned payment.

MEMBERSHIP CANCELLATION POLICY

To cancel your membership, please submit your request in writing. We unfortunately cannot process the requests if done via the telephone. Any request received by the 30th of the month, will take effect for the following months draft. (For example, to cancel your April 15th payment, notice would need to be received by March 30th).

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: _____

Name (please print): _____



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. Applicants not eligible for Assistance will be contacted within 3 business days of the completed application having been submitted for review by the Membership Director.

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 the Membership Director will contact you within 3 business days to set up a meeting to go over your application.

Applicants who do not provide all proof of income/assistance within 30days will have rates return to full price.

Name: _____ Email Address _____ Phone _____

Address _____
Street City/State Zip

Please list **all** members in the household below:

Please list all Income & Expenses below:

| First Name | Last Name | Date of Birth | Gender |
|------------|-----------|---------------|--------|
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| Monthly Income | | Monthly Expenses | |
|--------------------|-----------|------------------|-----------|
| (Gross) Wages/Tip | \$ | Rent/Mortgage | \$ |
| Unemployment | \$ | Utilities/Phone | \$ |
| Social Security | \$ | Food | \$ |
| Child Support | \$ | Clothing | \$ |
| Aid to Children | \$ | Car/Insurance | \$ |
| Food Stamps (SNAP) | \$ | Alimony | \$ |
| Alimony | \$ | Child Support | \$ |
| Housing Assistance | \$ | Medical | \$ |
| Retirement/Pension | \$ | Other | \$ |
| DHS Subsidy | \$ | | \$ |
| Other | \$ | | \$ |
| Total | \$ | | \$ |

Please indicate: Number of household members: _____

Adjusted Gross Income (per tax return) \$ _____

Have you ever applied for YMCA financial assistance before?

No: _____ Yes: _____ & Date: _____

Do you currently receive YMCA financial assistance?

No: _____ Yes: _____ & Current Rate: _____

How much can you contribute 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 in 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 30 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: _____

**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 acknowledgement 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 CONVENANTS 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.

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 _____