



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Mahaska County YMCA Membership Application

Primary Member

| | | | | |
|----------------------|------|----------------------------------|-----------------|-----|
| Name (First MI Last) | | Address | City/State | Zip |
| Phone | | Email | Date of Birth | |
| Gender | Race | Emergency Contact | Emergency Phone | |
| Employer | | Primary Language, if not English | | |

Second Adult

| | | | | |
|----------------------|------|-------------------|-----------------|-----|
| Name (First MI Last) | | Address | City/State | Zip |
| Phone | | Email | Date of Birth | |
| Gender | Race | Emergency Contact | Emergency Phone | |

Family Membership Information (list last name if different):

| # | Dependent/Children's Names | M/F/Prefer not to answer | Race | Birth Date |
|----|----------------------------|--------------------------|------|------------|
| 03 | | | | |
| 04 | | | | |
| 05 | | | | |
| 06 | | | | |
| 07 | | | | |
| 08 | | | | |

The YMCA is a charitable organization dependent upon volunteers and donations. Would you like a staff member contact you regarding volunteer opportunities in the next few months? Yes No

Areas of interest: Aquatics Family Recreation Child Care Fitness

I give consent for myself and/or family to be photographed, videotaped and/or filmed while participating at the YMCA, and for the resulting photos, etc. to be used by the YMCA for educational and promotional purposes. Yes No

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Policy packet.

Signature _____ Date ____/____/____

Office Use Only

YMCA Staff: _____

Join Date: ____/____/____

Type: Member Staff Notes: _____

Non-member Pass Type: _____ Program: _____



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Mahaska County YMCA Application for Electronic Fund Transfer (EFT)

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 an account of your choosing.

What are the benefits of such a program?

Affordability. Monthly payments are easy on your budget.
Convenience. You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no stopping at the membership desk every month.

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 savings
- credit card debit card

indicated below, and I authorize the financial institution named below to debit my account.

Amount to be deducted _____

Deduction Date 1st 15th

Financial institution _____

City, State _____

Routing/transit number _____

Account Number _____

Type of credit card _____

Credit card number _____

Expiration date _____

Name on card _____

This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership after a minimum of 12 months.

Member's signature _____

Date _____

Who is eligible for the electronic transfer payment plan?

Any adult, 18 years of age and older, who has an account (checking, savings, credit, debit) at a participating financial institution.

How do I sign up?

By completing this authorization card and returning it along with a voided check or voided deposit slip (if applicable) and your YMCA membership application form.

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

Terms and Conditions

1. I understand that this is a continuous membership plan, minimum of 12 months, and will remain in effect for as long as I retain the YMCA's membership cards issued to me.

Member's initials _____

2. I understand that if I wish to terminate after a minimum of 12 months 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 of my membership cards upon termination and that I will receive temporary cards for the balance of the time I have paid for or will be paying for.

Member's initials _____

3. 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 four weeks' notice prior to any such change in my membership fees. Notification will be posted at the Front Desk of the YMCA.

Member's initials _____

4. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 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.

Member's initials _____

5. Membership cards remain the property of the YMCA and must be surrendered upon request.

Member's initials _____

Name of member _____

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 a membership, end program participation, and remove visitation access.



FOR YOUTH DEVELOPMENT
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Mahaska County YMCA Scholarship Application

Name: _____

Phone: _____

Completed Membership Application must be attached

Household Income

| | |
|--|---|
| Primary Adult's Employer | Second Adult's Employer |
| Primary Adult's Current Monthly Income (Gross) \$ | Second Adult's Current Monthly Income (Gross) \$ |
| Estimated Current Year Annual Household Income (Primary + Secondary X 12) \$ | Prior Year Annual Household Income \$ |

Scholarship Request

| | | | | | |
|---|-----------------|------------------------|-----------------------------|--------|-------------------------------------|
| Membership: (circle one) | Youth Senior | Adult Senior Couple | Family Senior Prime Time | Couple | College Senior Couple Prime Time |
| Program: | Swim Lessons | Youth Sport: _____ | Other: _____ | | |
| If requesting Gymnastics, Tumbling, Cheer, or Dance scholarship, a Gymnastics Scholarship Application must be completed. | | | | | |

Required Attachments:

Most recent Tax Return

OR all of the following from:

- Last 2 pay stubs
- SSI documentation
- FIP/Food Assistance documentation
- Child Support documentation

Please take a few moments to tell us how this assistance will help you and your family.

I certify that the above information is accurate. I understand that if approved for a scholarship, I (or my children) must attend the program approved for. If membership, I/our family must use the facility a minimum of four times monthly. Scholarship revocation may result from lack of use.

Applicant Signature: _____

Date: __/__/__

For Office Use Only

Program Director

Date: __/__/__

Membership Approved: Yes No N/A

Membership Financial % Approved: _____

Program/s Approved: _____

Program Financial % Approved: _____

Reason if denied:

Member Service Representative

Phone Notification Date: __/__/__

Staff: _____

Join Date: __/__/__

(expires 30 days after notification if no join)

YMCA Staff: _____ Quarterly Annual EFT/Credit/Debit Card

Type of Membership: Youth Adult Family Couple College
 Senior Senior Couple Senior PT Senior Couple PT

Notes: _____
