



# MEMBERSHIP APPLICATION

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, financial assistance is available to the extent possible. Please ask for a confidential scholarship application. Participants needing other accommodation should contact their local YMCA. To provide an atmosphere that is safe and inclusive to all, the YMCA enforces a Code of Conduct.

Member ID

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DATE

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## MEMBERSHIP TYPE

CHOOSE MEMBERSHIP CATEGORY:

<input type="checkbox"/> Youth (0 - 18)	<input type="checkbox"/> College Student	<input type="checkbox"/> Adult	<input type="checkbox"/> Senior (61 +)
<input type="checkbox"/> Family	<input type="checkbox"/> Senior Couple (61 +)	<input type="checkbox"/> Single Parent Family	

## PRIMARY MEMBER INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER:  Male  Female

RACE:  Native American  African American/Black  Asian/Pacific Islander  Caucasian/White  Hispanic  Other

MARITAL STATUS:  Single  Married  Divorced  Separated  Widowed

## CONTACT INFORMATION

PRIMARY ADDRESS: \_\_\_\_\_

APARTMENT, BUILDING OR SUITE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: ( \_\_\_\_\_ ) CELL/OTHER PHONE: ( \_\_\_\_\_ )

E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER MATCHES GIFTS:  Yes  No

## EMERGENCY CONTACT

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ )

EMERGENCY CONTACT RELATIONSHIP:  Spouse  Son  Daughter  Parent  Dependent  Friend

## SECONDARY ADULT INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER:  Male  Female

RACE:  Native American  African American/Black  Asian/Pacific Islander  Caucasian/White  Hispanic  Other

MARITAL STATUS:  Single  Married  Divorced  Separated  Widowed

RELATIONSHIP TO EMERGENCY CONTACT ABOVE:  Spouse  Son  Daughter  Parent  Dependent  Friend

EMAIL ADDRESS: \_\_\_\_\_

## DEPENDENTS & APPLICANTS UNDER 18 (23 if full-time student living at home)

FIRST NAME	MI	LAST NAME	RELATIONSHIP	D.O.B.	GENDER	RACE

## MEMBER ENGAGEMENT

### HOW DID YOU HEAR ABOUT THE Y (Check Only One)?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Radio            | <input type="checkbox"/> Direct Mail             | <input type="checkbox"/> Place of Employment |
| <input type="checkbox"/> Television       | <input type="checkbox"/> E-Mail                  | <input type="checkbox"/> Member              |
| <input type="checkbox"/> Billboard        | <input type="checkbox"/> Yellow Pages            | <input type="checkbox"/> Flyer               |
| <input type="checkbox"/> Drive By/Walk In | <input type="checkbox"/> Newspaper               | <input type="checkbox"/> Friend/Family       |
| <input type="checkbox"/> YMCA Website     | <input type="checkbox"/> Magazine                | <input type="checkbox"/> Medical Referral    |
| <input type="checkbox"/> Fair/Health Fair | <input type="checkbox"/> Other (Please Specify): |  |

### AREAS OF INTEREST (Check All That Apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aerobics - Group Exercise | <input type="checkbox"/> Child Care              | <input type="checkbox"/> Family Recreation |
| <input type="checkbox"/> Cycling                   | <input type="checkbox"/> Coaching                | <input type="checkbox"/> Volunteerism      |
| <input type="checkbox"/> Strength Training         | <input type="checkbox"/> Parent - Child Programs | <input type="checkbox"/> Fundraising       |
| <input type="checkbox"/> Sports                    | <input type="checkbox"/> Teen Activities         | <input type="checkbox"/> Board Member      |
| <input type="checkbox"/> Summer Camp               | <input type="checkbox"/> Senior Programs         | <input type="checkbox"/> Aquatics          |
| <input type="checkbox"/> Resident Camp             | <input type="checkbox"/> Social Activities       | <input type="checkbox"/> Other             |

### VOLUNTEER WORK (Check All That Apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aerobics - Group Exercise | <input type="checkbox"/> Child Care              | <input type="checkbox"/> Family Recreation |
| <input type="checkbox"/> Cycling                   | <input type="checkbox"/> Coaching                | <input type="checkbox"/> Volunteerism      |
| <input type="checkbox"/> Strength Training         | <input type="checkbox"/> Parent - Child Programs | <input type="checkbox"/> Fundraising       |
| <input type="checkbox"/> Sports                    | <input type="checkbox"/> Teen Activities         | <input type="checkbox"/> Board Member      |
| <input type="checkbox"/> Summer Camp               | <input type="checkbox"/> Senior Programs         | <input type="checkbox"/> Aquatics          |
| <input type="checkbox"/> Resident Camp             | <input type="checkbox"/> Social Activities       | <input type="checkbox"/> Other             |

ARE YOU A YMCA EMPLOYEE (Circle One):      Yes      No

## CONDITIONS OF MEMBERSHIP

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, sports, and use of pools, and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Central New Mexico assumes no responsibility for any such injury or illness.

**Member conduct and right to use the facility:** Applicant agrees to abide by all policies and procedures of the YMCA of Central New Mexico and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

**Criminal History:** The applicant acknowledges that it is the policy of the YMCA of Central New Mexico to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

**Property Loss:** The applicant understands that the YMCA of Central New Mexico is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

**Photograph Permission:** The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

**Cell Phone/ Video Taping:** Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Central New Mexico requests that cell phone usage be reserved for lobby areas only.

**Insurance:** The applicant understands that the YMCA of Central New Mexico does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

\_\_\_\_\_  
Signature of Applicant/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Adult Applicant

\_\_\_\_\_  
Date

**LIABILITY WAIVER**

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Central New Mexico ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of New Mexico. If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

\_\_\_\_\_  
Signature of Applicant/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Adult Applicant

\_\_\_\_\_  
Date

**BANK DRAFT**

I hereby authorize the YMCA to initiate debits from the BANK indicated on the attached check for the amount specified below. The authority is to remain in effect until YMCA has received **30 days written notification** from me of the termination of this agreement, or until the YMCA or BANK has sent me 30 days written notice of the YMCA's or BANK's termination of the agreement. The YMCA will send a 30-day notification of any change in the amount to be drafted. Should my membership draft not be honored by my BANK for any reason, I realize that I am still responsible for that payment and any additional attempts to collect, including a NSF service charge of \$30 or maximum allowed by law, will be made prior to my next draft. This is in addition to any service fee my BANK may make.

DATE TO BE DRAFTED EACH MONTH \_\_\_\_\_(YMCA provides)

Draft Authorization \_\_\_\_\_(initials)

\_\_\_\_\_  
Financial Institute

\_\_\_\_\_  
1st Depositor's Printed Name

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
1st Depositor's Signature

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

\_\_\_\_\_  
2nd Depositor's Signature

Checking Account

Savings Account

\_\_\_\_\_  
2nd Depositor's Signature