



MEMBERSHIP APPLICATION

YMCA of Greater Tulsa

- Adult (25-64)
- Household
- Sr. Adult (65+)
- Sr. Household
- Single Parent Family
- Young Adult (19-24)
- Youth (12-18)
- Military
- Staff

PRIMARY MEMBER INFORMATION		
*First name	Middle name	*Last name
*DOB	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
Marital status	*Primary phone	Secondary phone
*Home address		
*City, state, zip	*Email	
*Place of employment	*Bus. phone	
*Emergency contact		
Relationship to you	Emergency Phone	

ADDITIONAL MEMBERS INFORMATION*				
*Dependents may remain on a household membership up to age 23. At 24 they will be charged as an additional adult and accrue the monthly fee(s) of \$20 each. (Maximum of 3 per household.)				
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity
*First name	*Last name	*DOB / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	*Ethnicity

OFFICE USE ONLY		
Wellness Orientation offered	Date scheduled and with whom	
Staff Initials	Primary member barcode	
Unit ID #		
5 day phone call made	30 day postcard addressed	60 day postcard addressed
Staff Initials	Staff Initials	Staff Initials

Mission: To put Christian principles into practice through programs that build healthy Spirit, Mind, and Body for all.

Last Name _____ First Name _____ Unit ID _____

MEMBERSHIP FOR ALL – MFA – INFORMATION	
Membership Type	Household Annual Adjusted Gross Income
Membership Dues	Join fee

I understand that my "Membership For All" rate expires annually and that I will need to present recent income verification to renew my MFA rate.

Signature _____ Date _____

Verified by YMCA staff (if under max) _____ Date _____

BILLING INFORMATION			
Method	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card	<input type="checkbox"/> Bank account
Monthly draft date		<input type="checkbox"/> 5 th	or pre-pay <input type="checkbox"/> Semi-Annual
		<input type="checkbox"/> 20 th	<input type="checkbox"/> Annual
Name on card/account		Billing address	
Account type	<input type="checkbox"/> Checking	Routing #	Account #
	<input type="checkbox"/> Savings		
Card type	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	Card #
	<input type="checkbox"/> American Express		Expiration

I/we hereby authorize the YMCA of Greater Tulsa to initiate debit entries to my/our checking/savings/credit account indicated above, and the institution named above to deposit the same amount into the account of the YMCA of Greater Tulsa. A valid check or credit/debit card must be presented when joining. This authority is to remain effective until written request for termination is received a minimum of 30 days prior to the draft. I understand that bank drafts will be initiated on the 5th or 20th of each month, and that a \$25 return fee will be charged for each declined payment, including those made by check or credit card. I understand that membership dues are subject to change with a minimum 20 day notice, and that refunds may not be issued for charges older than 60 days.

Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

LIABILITY WAIVER I understand that the YMCA of Greater Tulsa, its officers, employees, agents, and volunteers assume no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my observation or participation in any activity, use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my dependents that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Tulsa, its agents, officers, volunteers, and employees from any and all claims for injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

INAPPROPRIATE BEHAVIOR Inappropriate behavior or conduct such as profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property, physical harm to another person or threat of such actions, sexually offensive actions, confirmed listing as a registered sex offender, or criminal conduct of any type is unacceptable and will not be tolerated. When the safety of others is threatened, a member or anyone on YMCA property may be immediately removed and expelled from all YMCA of Greater Tulsa facilities.

PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

PHOTOGRAPH PERMISSION I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or audio recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

LOCKER ROOM ETIQUETTE I understand that photos and/or videos may not be taken in YMCA bathrooms or locker rooms. Anyone doing so may be immediately removed and expelled from YMCA of Greater Tulsa premises.

INSURANCE I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

MEDICAL RELEASE I grant the YMCA of Greater Tulsa permission to provide or obtain medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be the primary insurance for any accident or medical claim. Should I, or any member of my family, require medical treatment, prescriptions, or hospital care, I am responsible for all expenses. I further understand that I am encouraged to get a doctor's release before starting physical exercise program.

IDENTITY VERIFICATION I acknowledge that I will be issued a membership card when I join the YMCA of Greater Tulsa, and that my photo will be taken for identity verification purposes. I agree to present this card (or the barcode via smart phone app) each time I enter the building in order to access the facility.

ACCEPTANCE I understand that all memberships are non-transferable and non-refundable. The waiver and release given for myself and on behalf of the minor members listed, if any. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

Signature _____ Date _____