

# FACILITY MEMBERSHIP APPLICATION

DAXKO UNIT ID: \_\_\_\_\_

Disc. Group: \_\_\_\_\_

# HEALTHY LIVING STARTS HERE

## Cumberland Cape Atlantic YMCA

Last Revised: September 2023.



### PRIMARY MEMBER INFORMATION

(PLEASE PRINT LEGIBLY)

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_

Gender:  Male  Female  Rather Not Say  Non-Binary Race/Ethnicity:  African American  Alaskan Native  American Indian  Asian/Pacific Islander  Caucasian  Hispanic  Other  Unspecified

**WHAT BROUGHT YOU TO OUR Y TODAY?**  I am a returning YMCA member  Saw a Social Media Post  The Y Website

Referred by a Current CCAYMCA Member

**NAME OF MEMBER/STAFF:** \_\_\_\_\_

Other: \_\_\_\_\_

**AREAS OF INTEREST?**  Pool/Aquatics Programs  Fitness (Equipment/Group Exercise Classes/Personal Training)  Sports (Basketball/Pickleball/etc..)  Youth Programs (Sports/Dance/Nerf Battles/Outdoor Fun Zone Activities etc...)  Child Care Programs (Summer Camp/Before and After School/ChildWatch  Steam Room/Whirlpool  Socialization/Activities  Family Activities  Other: \_\_\_\_\_

**REASON(S) FOR JOINING THE Y?**  Location  Member/Facility Benefits  Family Programs  Safe/Clean Friendly Environment

### List all Dependents and/or Additional Adults to be added to your account (Please Print Legibly)

Photo ID and proof of residence is required for all adults. All minors must be legal dependents of an active adult member on the same account, proof of residency/legal guardianship is required. Dependents include any child 25 or younger that the Primary Member or other active adult has legal guardianship of and resides in the same household. Additional Adults are \$30 more per month and can only be added to any household membership (not applicable to individual types. Live in Senior (65+) Adults within the same residence may be added for an additional \$20 per month each.

Dependent  2<sup>ND</sup> Adult FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Rather Not Say  Non-Binary Race/Ethnicity:  African American  Alaskan Native  American Indian  Asian/Pacific Islander  Caucasian  Hispanic  Unspecified  Other  PRESENT AT TIME OF ENROLLMENT (MS: if not, add note to account after adding)

Dependent  Additional Adult FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Rather Not Say  Non-Binary Race/Ethnicity:  African American  Alaskan Native  American Indian  Asian/Pacific Islander  Caucasian  Hispanic  Unspecified  Other  PRESENT AT TIME OF ENROLLMENT (MS: if not, add note to account after adding)

Dependent  Additional Adult FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Rather Not Say  Non-Binary Race/Ethnicity:  African American  Alaskan Native  American Indian  Asian/Pacific Islander  Caucasian  Hispanic  Unspecified  Other  PRESENT AT TIME OF ENROLLMENT (MS: if not, add note to account after adding)

Dependent  Additional Adult FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Rather Not Say  Non-Binary Race/Ethnicity:  African American  Alaskan Native  American Indian  Asian/Pacific Islander  Caucasian  Hispanic  Unspecified  Other  PRESENT AT TIME OF ENROLLMENT (MS: if not, add note to account after adding)

Dependent  Additional Adult FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  Rather Not Say  Non-Binary Race/Ethnicity:  African American  Alaskan Native  American Indian  Asian/Pacific Islander  Caucasian  Hispanic  Unspecified  Other  PRESENT AT TIME OF ENROLLMENT (MS: if not, add note to account after adding)

Dependent  Additional Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Gender:**  Male  Female  Rather Not Say  Non-Binary **Race/Ethnicity:**  African American  Alaskan Native  American Indian  Asian/Pacific  
 Islander  Caucasian  Hispanic  Multi-Racial  Other  **PRESENT AT TIME OF ENROLLMENT (MS: if not, add note to account after adding)**

Dependent  Additional Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Gender:**  Male  Female  Rather Not Say  Non-Binary **Race/Ethnicity:**  African American  Alaskan Native  American Indian  Asian/Pacific  
 Islander  Caucasian  Hispanic  Multi-Racial  Other  **PRESENT AT TIME OF ENROLLMENT (MS: if not, add note to account after adding)**

**EMERGENCY CONTACT INFORMATION** (Please list a person **NOT** on your membership, but who is local, who we can contact in case of emergency if we are unable to reach the other adults in your household.)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please share any other information which would be valuable in the event of an emergency (Medical Conditions, etc...):**

\_\_\_\_\_

\_\_\_\_\_

**CUMBERLAND CAPE ATLANTIC YMCA FACILITY MEMBERSHIP AGREEMENT**

**MEMBERSHIP TYPE:**  Youth  Teen  Young Adult  Adult  Senior Adult  One Adult Household  Two Adult Household

**JOINER FEE:**  \$19 Individual  \$39 Household  OTHER: \$ \_\_\_\_\_ **Reason:** \_\_\_\_\_

**DISCOUNT GROUP/PROMO** (if applicable): \_\_\_\_\_ **MONTHLY MEMBERSHIP RATE:** \$ \_\_\_\_\_

**Additional Monthly Fees:**  Additional Adult \$ \_\_\_\_\_  Additional Live in Senior Adult \$ \_\_\_\_\_  Locker Rental \$ \_\_\_\_\_  
 Unlimited Child Watch \$ \_\_\_\_\_ **TOTAL MONTHLY FEES** (Membership Rate + Any Additional Monthly Fees): \$ \_\_\_\_\_

**PAYMENT TYPE (Choose One below):**

**Automatic Monthly Draft** I understand that choosing this option means that my membership will continuously be drafted each month on the Credit/Debit Card or Bank Account that I have authorized on the draft form I have submitted with this application. Any returned payments will be subject to the return fee to which I will be responsible for. I also understand that in order to cancel my membership and stop future payments I must submit a written cancelation request within 30 days of my next draft date. My attendance does not impact my payments and therefore refunds/credits for membership fees will not be considered unless there was an error in billing. The YMCA may hold or cancel my membership if payment is not received or for any violations of code of conduct. **My Monthly Draft Date**  10<sup>th</sup>  21<sup>st</sup>  **Draft Form is included with application**

**PrePay** When you Prepay 12 months you get a bonus 13<sup>th</sup> month FREE and pay \$0 joiner fees. Total dues must be paid in full upon enrollment - no partial payments permitted. A minimum of 3 months in advanced is required.  **3 months** \$ \_\_\_\_\_  **6 months** \$ \_\_\_\_\_  **12 Months** \$ \_\_\_\_\_

**PLEASE READ & INITIAL BELOW** (The complete YMCA Member Handbook is available online at [www.ccaymca.org](http://www.ccaymca.org). Copies of each of the below documents can be requested at any time with Member Services):

\_\_\_\_\_ I understand I may cancel my membership at any time. However, I must provide 30 days written notice prior to my next automatic draft day, otherwise I will be charged one final payment before the membership is terminated.

\_\_\_\_\_ I have read, signed, and submitted the YMCA Release from Indemnity Fitness and Exercise Orientation **(Required by All Adults and all minors 8+)**

\_\_\_\_\_ I have read, signed, and submitted the YMCA Member Code of Conduct **(Required by All Adults)** and/or the Youth and Teen Behavior and Disciplinary Agreement **(Required by All minors ages 11+)**

\_\_\_\_\_ 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.

**Primary Member Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY** **Membership ID:** \_\_\_\_\_ **Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Staple all applicable forms/ID copies/DRAFT form to this application. Only members who are present, with proof of ID/Residence may be activated at time of enrollment, all others listed on the application may be activated once documentation is provided and photos are updated in Daxko. Add note to each member who may be added once documents are provided.

**FOR AUTOMATIC MONTHLY DRAFT**  1<sup>st</sup> month payment receipted at time of enrollment YES or NO Reason: \_\_\_\_\_

**Did the Member request an FCO (Fitness Center Orientation):** YES or NO

**Did the Member receive a tour:** YES or NO **Why Not?** \_\_\_\_\_

**MSADMIN:**  Draft Processed **For Prepaid Membership:** Term Date Set for \_\_\_\_\_  Notification Alert added 30 days prior to term date