

FACILITY MEMBERSHIP APPLICATION

Date: _____

HEALTHY LIVING STARTS HERE Cumberland Cape Atlantic YMCA Last Revised: January 2022.



PRIMARY MEMBER (1st Adult) DETAILS (Please Print)

TELL US ABOUT WHO WILL BE RESPONSIBLE FOR THE MEMBERSHIP

First Name: _____ MI _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Birthdate: ____/____/____ Primary Phone: ____-____-____

Email: _____ (We will use email to communicate important information)

Employer: _____ Business Phone: ____-____-____ ext. _____

Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

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

Did A Current Y Member/Staff Refer You? Yes No Name of member/staff: _____

WHAT ABOUT OUR YMCA ARE YOU MOST INTERESTED IN? Pool/Aquatics Programs Fitness (Equipment/Group Exercise Classes/Personal Training)
 Sports (Basketball/Pickleball/etc..) Youth Programs (Sports/Dance/Nerf Battles/Outdoor Family Activities etc..) Child Care Programs (Summer Camp/Before and After School/ChildWatch Steam Room/Whirlpool Other: _____

WHAT IS YOUR REASON(S) FOR JOINING THE Y? Location Member/Facility Benefits Family Fitness Options Safe/Clean Friendly Environment

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

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 may be 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 2ND Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Current Age: _____ Phone: ____-____-____ Email: _____

Dependent Additional Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Current Age: _____ Phone: ____-____-____ Email: _____

Dependent Additional Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Current Age: _____ Phone: ____-____-____ Email: _____

Dependent Additional Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Current Age: _____ Phone: ____-____-____ Email: _____

Dependent Additional Adult FIRST NAME: _____ MI: _____ LAST NAME: _____

BIRTHDATE: ____/____/____ Gender: Male Female Race: African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Current Age: _____ Phone: ____-____-____ Email: _____

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Gender:** Male Female **Race:** African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Current Age: _____ **Phone:** ____-____-____ **Email:** _____

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Gender:** Male Female **Race:** African American/Black Caucasian/White Hispanic Asian/Pacific Islander Other

Current Age: _____ **Phone:** ____-____-____ **Email:** _____

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: _____

CUMBERLAND CAPE ATLANTIC YMCA FACILITY MEMBERSHIP APPLICATION AGREEMENT

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

PAYMENT TYPE (Choose One below):

Monthly Automatic Draft (Credit/Debit Card or Voided Check required at the time of enrollment) If enrollment occurs between 1-15th your account will draft the 10th of every month beginning the following, if enrollment occurs the 16th – end of month your account will draft the 21st of every month beginning the following month.

PrePay using Cash/Check/Credit or Debit When you Prepay 12 months you get a bonus 13th month FREE and pay \$0 joiner fees. Total dues must be paid in full upon enrollment – no partial payments permitted.

Please Read & Initial Below (I understand I can access a full version of our YMCA Member Handbook along with copies of each of the below documents at www.ccaymca.org or by request 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 Release & Waiver of Liability and Indemnity Agreement **(Required by All Members)**

_____ 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+)**

Primary Member Signature: _____ **Date:** _____

FOR OFFICE USE ONLY **Membership ID:** _____ **Staff Initials:** _____

JOINING FEE: \$19 Individual \$39 Household OTHER: \$ _____ **Reason:** _____

PAYMENT TYPE: Automatic Draft Date 10th 21st Draft Form Attached

PrePay 3 months 6 months 12 Months Term Date Set for _____ Notification Alert added 30 days prior to term date

APPLICABLE DISCOUNT GROUP:

Employee – Part Time Employee Full Time DDD DPP LIVESTRONG Military/First Responder Military Title 10 NJ State Employee

Reduced Rate Membership Referral Program **Verification Form MUST BE Attached**

Special Promotion – Reduced Rate **Name of Promotion:** _____

Business Partnership **Name of Business:** _____

YCares Scholarship Applied: % _____ Monthly Rate: \$ _____ Expires on: _____

Horizon BCBS of - Employee ID or Insurance Card Attached. Has member received this benefit in the past YES NO

Renew Active: Confirmation Code: _____

Other : _____

ADDITIONAL FEES: Adults: X _____ \$ _____ Additional Grandparent: X _____ \$ _____ Total Monthly Membership Dues: \$ _____