

FACILITY MEMBERSHIP APPLICATION

Date: _____

HEALTHY LIVING STARTS HERE Cumberland Cape Atlantic YMCA Last Revised: June 2020.



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

DID A CURRENT Y MEMBER REFER YOU? Yes No Name of member: _____

Which statement best describes you?
 I have experience in health and fitness and prefer working on my own
 I am new to health and fitness and would like additional support and expert advice
 I have some experience, but would love to learn more about YMCA programs

What is your reason(s) for joining the Y? Maintain Health & Fitness Weight Loss Meet New People Family Fun Programs for Kids

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. Dependents include any child 25 or younger that the Primary Member has legal guardianship of and resides in the same household. Additional Adults are \$25 more per month and can only be added to any other adult or family membership (not applicable to youth or teen memberships). Live in Senior (65+) Grandparents may be added for an additional \$10 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

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

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

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

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

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

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

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 Single Parent Family Family Senior Adult

PAYMENT TYPE:

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 15th – end of month your account will draft the 21st of every month beginning the following month.

PrePay using Cash/Check/Credit or Debit 3 months 6 months 12 Months (Prepay 12 months and get a bonus 13th month FREE)
Total dues must be paid in full upon enrollment – no partial payments permitted.

Please Read & Initial Below (Copies of all documents are available upon request):

_____ **I have read, signed, and submitted the Release & Waiver of Liability and Indemnity Agreement (Page 2)**

_____ **I have read, signed, and submitted the YMCA Release from Indemnity Fitness and Exercise Orientation (page 3)**

_____ **I have read, signed, and submitted the YMCA Member Code of Conduct (page 4)**

_____ **I have received my YMCA Member Handbook**

_____ **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.**

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

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

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

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

PAYMENT TYPE: Automatic Draft Date 10th 21st PrePay TOTAL Prepaid Today: _____

DISCOUNT GROUP:
 Reduced Rate Membership Referral Program (MRP Tier 1 - 15%) Monthly Rate: \$ _____ (MRP Tier 2 - 15%) Monthly Rate: \$ _____
 Verification Form MUST BE Attached

Special Promotion – Reduced Rate **Name of Promotion:** _____ DDD Employee – Part Time Employee Full Time DPP
 LIVESTRONG Business Partnership **Name of Business:** _____ Military/First Responders Military Title 10

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

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