

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 2ND 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 cancellation 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** 10th 21st **Draft Form is included with application**

PrePay 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. 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. 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 1st 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