



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# JOIN THE COMMUNITY MEMBERSHIP APPLICATION

Applicant Information	
Full Name:	
Gender:	D.O.B.
Parent Full Name: for youth memberships only	
Spouse Full Name:	
Gender:	D.O.B.
Address:	
City, State, Zip Code:	
Cell Phone:	Cell Provider: for app text messages
Email:	
Emergency Contact:	
Phone:	

Were you referred by a member?
Member's Full Name:

DEMOGRAPHIC INFORMATION	
To help serve you better, please fill out the following information. This information is kept confidential and is strictly voluntary.	
My main interests are:	
After-School Programs	Aquatics
Art	Camp
Early Childhood	Family Programming
Gymnastics	Performing Arts
Personal Training	Senior/Adult Programming
Special Needs	Sports
Volunteerism	Weight Loss
Wellness/Fitness	Other: _____
How did you hear about the Y?	
Ad/Paper: Where? _____	Email Blast
Social Media: Which? _____	Former Member
Friend Referral	NSYMCA Web Site
Internet/Search Engine	Outside Signage
Flyer	NSYMCA Brochure
Received Mailer	Text Message
Other:	
Ethnicity	
Asian/Pacific Islander	African-American
Caucasian	Middle Eastern
Indian	Native American
Latino/Hispanic	Other:
Occupations	
Your Occupation	
Employer	
Spouse Occupation	
Employer	

Family Membership Information	
First Dependent/Child	
Full Name:	
Gender:	D.O.B.
School:	Grade:
Second Dependent/Child	
Full Name:	
Gender:	D.O.B.
School:	Grade:
Third Dependent/Child	
Full Name:	
Gender:	D.O.B.
School:	Grade:
Fourth Dependent/Child	
Full Name:	
Gender:	D.O.B.
School:	Grade:

North Suburban YMCA • 2705 Techny Road  
Northbrook, IL 60062 • 847-272-7250 • nsymca.org

# MEMBERSHIP APPLICATION (Continued)

## YMCA Membership Agreement

PLEASE READ AND SIGN

- 1 I understand that this membership will remain in effect until I give written notice of termination.
- 2 **It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the NSYMCA a 10-day written notice in advance of my draft date. I understand that I must return all of my membership cards upon termination.**
- 3 The NSYMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. Rates are subject to change at any time without prior notice. As I age into a different membership, the fee will automatically change.
- 4 Membership cards remain the property of the NSYMCA and must be surrendered upon demand of that institution.
- 5 **The NSYMCA has authorization to charge the difference between member and non-member rates if I terminate my membership or if my membership expires while I am in the middle of a class session.**
- 6 If this is a corporate membership and the corporation becomes inactive or no longer wishes to participate, membership fees will be adjusted to current membership fees at the time of notification. The active member must work at the company.
- 7 Applicable to draft only: **I am responsible for any uncollected funds.** My membership will be terminated if I have two (2) uncollected drafts on record at the same time or if I close my account without notification, stop payment on my draft, or revoke authorization. Any penalties imposed by my bank or the NSYMCA for uncollected drafts are my responsibility. The NSYMCA charges a \$25 service fee or current banking fees for each uncollected draft.
- 8 Applicable to draft only: Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the NSYMCA. This is in addition to any service fee my bank may charge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Waiver & Release Of All Claims

In applying for membership at the North Suburban YMCA, I agree to cooperate with others in supporting the NSYMCA mission, goals, and objectives and to abide by the policies and procedures set forth by the NSYMCA Board of Directors. **I understand** that my NSYMCA membership dues are non-refundable and membership privileges are non-transferable. I hereby allow the NSYMCA to take pictures or video (still or motion) of myself/my family and grant permission for these images to be used in NSYMCA publications, presentations, publicity, social media, or promotions without compensation to me/my family or on my behalf or my family's. **If I choose not to be photographed, videotaped, or appear in other recorded media, it is my responsibility to inform the photographer and/or remove myself/my family from the picture.** In consideration of gaining membership or being allowed to participate in the activities and programs of the NSYMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the NSYMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the neglect, act, or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the NSYMCA or the use of any equipment at the NSYMCA. **I understand** that I am subject to a sex offender registry screening. 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 the membership, end program participation, and remove visitation access. I agree to adhere to all policies set by the NSYMCA as written in the NSYMCA Membership Handbook. I have answered the above questions accurately and declare myself/my family to be physically sound, and having medical approval to engage in NSYMCA activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CAPITAL CAMPAIGN

PLEASE INITIAL YOUR CHOICE AND SIGN

Through your tax-deductible contribution, the capital campaign allows the Y to continually fortify our facilities, foundation, and future. Join us as a capital donor today.

Yes, I would like to make a tax-deductible contribution.			No, I would not like to contribute at this time.		
\$20	\$50	\$100	\$500	Other: \$ _____	

This amount will automatically be deducted with my monthly membership dues and can be cancelled with my authorization at any time.

If I want to cancel this donation, I will contact the Y in writing to cancel this donation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## BE A PROGRAM ANGEL

PLEASE INITIAL YOUR CHOICE AND SIGN

Through our Strong Kids Campaign, your tax-deductible contribution helps us provide program support to families in need. Join us as a Program Angel today.

Yes, I would like to make a tax-deductible contribution.			No, I would not like to contribute at this time.		
\$2	\$5	\$10	\$25	Other: \$ _____	

This amount will automatically be deducted with my monthly membership dues and can be cancelled with my authorization at anytime.

If I want to cancel this donation, I will contact the Y in writing to cancel this donation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## MEMBERSHIP DRAFT AUTHORIZATION

I hereby authorize the North Suburban YMCA and my financial institution to begin automatic deductions from the account designated below in the amount of my membership dues and fees.

Please initial your choice

<input type="checkbox"/>	<b>Checking Account</b> – I am attaching a voided check or a copy of my debit card to ensure the accuracy of the routing and account numbers for my banking institution. I understand that if any information changes, I must provide the NSYMCA with a new voided check.
<input type="checkbox"/>	<b>Credit Card Account</b> – I understand that if I receive a replacement or new card for the credit card account designated, I must provide the NSYMCA with updated credit card information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

CCC ID # \_\_\_\_\_

Staff Signature \_\_\_\_\_