



www.sarasota-ymca.org

APPLICATION FOR MEMBERSHIP

DATE	
BARCODE	
FACILITY ACCESS	

PRIMARY BRANCH	<input type="checkbox"/> Frank G. Berlin, Sr.	<input type="checkbox"/> Babe Weiller	<input type="checkbox"/> Evalyn Sadlier Jones	<input type="checkbox"/> Hardee County	
TYPE OF MEMBERSHIP	<input type="checkbox"/> Adult	<input type="checkbox"/> Senior Adult	<input type="checkbox"/> Family	<input type="checkbox"/> Senior Family	
TYPE OF TRANSACTION	<input type="checkbox"/> PIF	<input type="checkbox"/> PD	<input type="checkbox"/> Short Term	<input type="checkbox"/> EFT	<input type="checkbox"/> Scholarship

PLEASE PRINT ALL INFORMATION

PRIMARY MEMBER INFORMATION

TITLE (Mr / Mrs / Ms / Dr)	FIRST NAME	M.I.	LAST NAME
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HOME ADDRESS

STREET ADDRESS	APT	CITY	STATE	ZIP CODE
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EMAIL ADDRESS

EMAIL ADDRESS	PHONE NUMBER
	HOME PHONE (Include Area Code)

DEMOGRAPHIC INFORMATION

The following information is being requested to gather statistical data for reporting to the United Way of Sarasota and to the YMCA of the USA. Your information will be held in strictest confidence, but is needed to determine how the Sarasota Family YMCA can better serve its community and to help maintain funding by the United Way

BIRTHDATE _____ Month / Day / Year	RACE <input type="checkbox"/> African-American <input type="checkbox"/> American-Indian <input type="checkbox"/> Caucasian	<input type="checkbox"/> Bi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Asian	HOUSEHOLD INCOME <input type="checkbox"/> \$0-\$14,999 <input type="checkbox"/> \$15,000-\$29,999 <input type="checkbox"/> \$30,000-\$49,999	<input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$75,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000 AND OVER
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female				

EMERGENCY CONTACT

NAME & RELATIONSHIP	PHONE NUMBER (Include Area Code)
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EMPLOYER INFORMATION

COMPANY NAME

ANNUAL SUPPORT CAMPAIGN

Your generous donation will help make the difference in the life of a less fortunate family or child. All donations are 100% tax-deductible.

A One Time Gift of: \$10 \$20 \$40 \$100 \$ _____ other

A Monthly Donation with my EFT Membership Payment in the amount of:
 \$1 \$3 \$5 \$ _____ other

Note: This donation will be debited from your bank account or credit card monthly with all membership payments until the member requests otherwise.

INFORMED CONSENT

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, executors and administrators, **WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Sarasota Family YMCA, Inc., their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities. I understand that this release includes any claims based on negligence, action or inaction of the YMCA staff, directors, members and guests.

Any person who supports the purpose may become a member of this corporation (YMCA) in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA.

Furthermore, I understand that on occasion, photos for YMCA promotion / publicity may be taken in the facility and give my permission for the use of my / my family's likeness in such.

ACCEPTANCE

I ACKNOWLEDGE THE WAIVER AS STATED ABOVE

SIGNATURE OF PARTICIPANT	PRINT NAME	DATE
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FAMILY MEMBERS (If Applicable) Family Membership includes people residing in the same household as follows: spouse or life partner, dependent children through age 21 or 24 if full-time student (need proof) or any other person that is claimed on income tax return as a legal dependent (need copy of tax return or proof of dependency).

SPOUSE OR OTHER

TITLE (Mr / Mrs / Ms / Dr)		FIRST NAME	M.I.	LAST NAME
BIRTHDATE _____ Month / Day / Year		RACE <input type="checkbox"/> African-American <input type="checkbox"/> American-Indian <input type="checkbox"/> Caucasian		CELL PHONE
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Bi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Asian		BARCODE
				FACILITY ACCESS

DEPENDENT FAMILY MEMBER #1

TITLE (Mr / Mrs / Ms / Dr)		FIRST NAME	M.I.	LAST NAME
BIRTHDATE _____ Month / Day / Year		RACE <input type="checkbox"/> African-American <input type="checkbox"/> American-Indian <input type="checkbox"/> Caucasian		RELATIONSHIP TO MAIN CONTACT
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Bi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Asian		BARCODE
				FACILITY ACCESS

DEPENDENT FAMILY MEMBER #2

TITLE (Mr / Mrs / Ms / Dr)		FIRST NAME	M.I.	LAST NAME
BIRTHDATE _____ Month / Day / Year		RACE <input type="checkbox"/> African-American <input type="checkbox"/> American-Indian <input type="checkbox"/> Caucasian		RELATIONSHIP TO MAIN CONTACT
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Bi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Asian		BARCODE
				FACILITY ACCESS

DEPENDENT FAMILY MEMBER #3

TITLE (Mr / Mrs / Ms / Dr)		FIRST NAME	M.I.	LAST NAME
BIRTHDATE _____ Month / Day / Year		RACE <input type="checkbox"/> African-American <input type="checkbox"/> American-Indian <input type="checkbox"/> Caucasian		RELATIONSHIP TO MAIN CONTACT
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Bi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Asian		BARCODE
				FACILITY ACCESS

VOLUNTEER OPPORTUNITIES AT YOUR YMCA

Are you (and/or your family) willing to volunteer? Yes No

FINANCIAL ASSISTANCE

At the YMCA, no one is turned away for inability to pay. The Y provides financial assistance to: at risk youth; temporarily unemployed adults and families; and those with limited income. The YMCA's Financial Assistance Program is supported through contributions to the Annual Support Campaign. If you need more information, contact a member of our staff

ADDITIONAL PROVISIONS

Regarding EFT memberships: The YMCA will not accept phone or fax cancellations at any branch. I understand that I must give a 10 day written notice to stop my bank/credit card draft.

It is the responsibility of the member to notify the YMCA of any address change.

Terms of membership subject to verification.

Memberships are non-transferable and non-refundable.

PARTICIPANT INITIAL HERE

STAFF SECTION

MEMBERSHIP DETAILS Complex _____ Plan _____ Type _____ Term _____	INITIAL PAYMENT <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Cash <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Gift Certificate <input type="checkbox"/> Check # _____ Amount Paid \$ _____	ENROLLED BY Please PRINT Your Class Usercode
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