



Greater Burlington Y Membership Application Downtown Burlington and Winooski Locations

Membership Type	Today's Date	Draft Start Date	Draft Day	Staff Initial
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Primary Member ***Please print*

Last Name		First Name		M.I.	Date of Birth / /		Sex (circle one) Male / Female
Race: <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Isl. <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other				Marital Status:			
Street Address					City		
State	Zip	Home Phone () -		Cell Phone () -			
Email Address—Please check here to receive email updates from us <input type="checkbox"/>					Employer Name		

2nd Adult Relation to Primary Member:

Last Name		First Name		M.I.	Date of Birth / /		Sex (circle one) Male / Female
Race: <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Isl. <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other				Marital Status:			
Street Address					City		
State	Zip	Home Phone () -		Cell Phone () -			
Email Address—Please check here to receive email updates from us <input type="checkbox"/>					Employer Name		

Dependents

Name (please indicate if different last name)	Date of Birth	Sex	Name (please indicate if different last name)	Date of Birth	Sex

Emergency Contact

Name	
Relation	Phone () -

Charitable Giving

The Y is a charitable service organization providing community programs that focus on youth development, healthy living and social responsibility. Please consider supporting our mission based community centered work.

One-time \$25 \$50 \$75
 Monthly

Release and Waiver of Liability

In consideration for membership at the YMCA and participation in YMCA programs, I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any YMCA programs. I hereby waive all claims against the Greater Burlington YMCA, its instructors, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I might sustain, including negligence of the YMCA. I understand that there is a risk of injury associated with participation in any YMCA program and I certify that I am in good physical condition and have no disabilities that might hamper my participation. I certify that all of the information provided on this application is correct and true.

I HAVE READ AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY.

Primary Member's Signature Date Secondary Member's Signature Date Other Member Over 18 yrs. Date

Membership Code of Conduct

- Greater Burlington YMCA members are expected to model the values of caring, honesty, respect, and responsibility with behavior so others can see the values in action.
- The YMCA reserves the right to revoke membership privileges at any time for violation of policies or behavior not in accordance with the mission and/or character values.
- Gym bags and personal belongings must be placed in lockers at all times. The Y is not responsible for lost or stolen items.

Did any of these sources prompt you to come in today? (Select only one)

<input type="checkbox"/> Burlington Free Press	<input type="checkbox"/> Community Newspaper	<input type="checkbox"/> Email
<input type="checkbox"/> Facebook	<input type="checkbox"/> Front Porch Forum	<input type="checkbox"/> Kool 105
<input type="checkbox"/> Member Referral	<input type="checkbox"/> Seven Days	<input type="checkbox"/> Star 92.9
<input type="checkbox"/> Twitter	<input type="checkbox"/> VPR	<input type="checkbox"/> gbymca.org website

Which of these sources do you normally get information from? (Select all that apply)

<input type="checkbox"/> Burlington Free Press	<input type="checkbox"/> Community Newspaper	<input type="checkbox"/> Email
<input type="checkbox"/> Facebook	<input type="checkbox"/> Front Porch Forum	<input type="checkbox"/> Kool 105
<input type="checkbox"/> Member Referral	<input type="checkbox"/> Seven Days	<input type="checkbox"/> Star 92.9
<input type="checkbox"/> Twitter	<input type="checkbox"/> VPR	<input type="checkbox"/> gbymca.org website

Areas of Interest (Select all that apply)

<input type="checkbox"/> Cardio Machines	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Group Fitness Classes	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Indoor Pools	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Water Fitness
<input type="checkbox"/> Basketball	<input type="checkbox"/> Family Programs	<input type="checkbox"/> Teen Programs	<input type="checkbox"/> Youth Classes
<input type="checkbox"/> Childcare	<input type="checkbox"/> After School Programs	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Senior Programs
<input type="checkbox"/> Social Activities	<input type="checkbox"/> Weight Management	<input type="checkbox"/> Nutrition Programs	<input type="checkbox"/> Cooking Classes

Household Income

<input type="checkbox"/> \$0 - \$13,999	<input type="checkbox"/> \$14,000 - \$24,999	<input type="checkbox"/> \$25,000 - \$39,999
<input type="checkbox"/> \$40,000 - \$54,999	<input type="checkbox"/> \$55,000 - \$74,999	<input type="checkbox"/> \$75,000 & Over

Are you interested in volunteer work? (Select all that apply)

<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Lake Swim	<input type="checkbox"/> Healthy Kids Day	<input type="checkbox"/> Other Events
<input type="checkbox"/> Street Team	<input type="checkbox"/> Committee Participation	<input type="checkbox"/> Clerical Work	<input type="checkbox"/> Cleaning/ Painting

Termination Policy

1. It is my complete understanding that if I wish to terminate or change my membership in any way, I must complete a termination form giving the YMCA a **thirty (30) day notice**. _____(Please Initial)
2. Members may request their membership be put on hold for medical reasons (doctor's note required), work related absences (notification from employer required), or extended stays out of the area. Memberships placed "on hold" should not exceed three months duration, and may be charged a service fee. Members may not use YMCA facilities while a membership is "on hold". _____(Please Initial)
3. The YMCA Management may, at their discretion, adjust the monthly membership rates. I understand that I will receive at least four weeks notice prior to any such change. Annual membership fees will be adjusted at time of renewal. _____(Please Initial)
4. YMCA draft membership is a **continuous** plan which **automatically renews monthly**. _____(Please Initial)
5. Should any payment not be honored by my bank/credit card company for any reason, I realize that I am still responsible for that payment **plus** a \$20 service fee applied by the YMCA. This is in addition to any service fee my bank may charge the YMCA. _____(Please Initial)
6. YMCA expects members to abide by all policies in the YMCA Member Handbook and reserves the right to terminate membership upon non-payment of fees or inappropriate conduct. _____(Please Initial)
7. YMCA reserves the right to disallow bank drafting as a payment option for Membership. _____(Please Initial)
8. When renewing or joining, the joining fee is required on all memberships lapsed for more than 30 days. _____(Please Initial)
9. Annual memberships are non-refundable and non-transferrable. This policy may be adjusted if I have a medical reason stated in writing by my physician. _____(Please Initial)

Member's Signature

Date