



# OTTUMWA YMCA

## Membership Application

### BUILD YOUR MEMBERSHIP

Base Category -  \$

**Adult - \$48 / Senior - \$45 / Youth - \$29**  
(19-64 yrs of age) (65 yrs & Older) (10-18 yrs of age)

(Only Adult & Senior categories qualify for add-ons)

Add-On 1 -  \$

• Add Adult(s) - 19 yrs & up (must reside in same household) **\$20**

Add-On 2 -  \$

• Add Unlimited Youth - Up to 18 yrs (must reside in same household) **\$15**

Add-On 3 -  \$

• Add One Locker - Full or Kit Size **\$10**

• 24/7 YMCA Access **\$10**

**TOTAL PER MONTH -** \$

#### Easy Payment Options:

- ACH monthly draft from checking, savings or credit card
- Annual or 6 month payment by cash, check or credit card

**BASE MEMBER:**  Adult  Senior  Youth  Financial Assistance (Please Print)

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

E-mail: \_\_\_\_\_

### OPTIONAL ADD-ONS

(Qualifications: 1. Base membership is Senior or Adult 2. Must reside in same household)

ADDITIONAL MEMBER:  ADULT  YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport  
Name: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

ADDITIONAL MEMBER:  ADULT  YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport  
Name: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

ADDITIONAL MEMBER:  ADULT  YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport  
Name: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

ADDITIONAL MEMBER:  ADULT  YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport  
Name: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

ADDITIONAL MEMBER:  ADULT  YOUTH Proof of Residence: Tax Forms / Drivers License / Official Mail / Passport  
Name: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

# OTHER INFORMATION

## IN CASE OF EMERGENCY NOTIFY:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Health Ins. Provider: \_\_\_\_\_ Base Member: Employer: \_\_\_\_\_

**WAIVER:** In consideration of the YMCA accepting this application, I, for myself, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing, release and forever discharge the YMCA of Ottumwa, Iowa and its officers, employees, directors, agents, servants, and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing or his/her property at any time.

**FOR MEMBERS ON AUTO DRAFT:** I understand that if I do not cancel 10 days prior to my draft date in writing, that my auto draft payment will be taken out of my account that month. I understand and approve for recurring payments in the specified amounts from my payment method. I provide my consent for future membership rate increases, with a 30 calendar day notice via mail or electronic notice. I understand that this could result in potential future charges and fee adjustments.

**Cancellation Policy:** I understand that if I cancel my YMCA membership within 6 months of my membership start date, I will be charged a \$50.00 cancellation fee. Cancellation fee does not apply to financial assistance or youth memberships.

**Non Payment Policy:** It is the policy of the Ottumwa Family YMCA to resubmit all returned payments for membership fees one time within 30 days of the originally scheduled draft date. If the payment is returned a second time, the membership will be terminated and all fees, including but not limited to: return service fees, cancellation fee if applicable and unpaid membership dues will be added to that account.

I declare, for myself and the minor(s) that I/her/she/we am/are/ is physically sound and medically approved to participate in the activities of the YMCA.

\_\_\_\_\_  
Signature of Base Member Applicant/Parent or Guardian if a minor

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

### Payment Information

Membership Fee: \$ \_\_\_\_\_

Scholarship Reduction: - \$ \_\_\_\_\_

Additional Fees: \$ \_\_\_\_\_

Initiation Fee: \$20.00

Monthly Payment: \$ \_\_\_\_\_

### Payment Type:

Full Payment:  12 months  6 months

(Refunds will not be given for full pay memberships)

Auto Draft Date: \_\_\_\_\_ . Payment will reoccur on the \_\_\_\_\_ day of each month.

(Through checking/savings account or credit card/debit card)

Month to Month Payment: Start Date: \_\_\_\_\_

(Month to Month Memberships are charged an additional \$15 per month fee)

### Locker Rental:

(Need to be 18 years of age or older)

#### Locker # 1:

Full Locker  Kit Locker

Men's  Women's

Locker Number: \_\_\_\_\_

#### Locker # 2:

Full Locker  Kit Locker

Men's  Women's

Locker Number: \_\_\_\_\_

**Payment Method:**  Cash  Check #: \_\_\_\_\_  Credit Card Last 4 digits: \_\_\_\_\_

## IMPORTANT FACTS:

**AUTO DRAFT POLICY:** I understand that if I do not cancel 10 days prior to my draft date in writing, that my payment will be taken out of account that month. There are no refunds for memberships cancelled past this date. There are no partial refunds. Payment information can be updated in person or by phone. Drafts occur on a monthly basis on the date of sign up.

**Cancellation Policy:** I understand that if I cancel my YMCA membership within 6 months of my membership start date, I will be charged a \$50.00 cancellation fee. Cancellation fee does not apply to financial assistance or youth memberships. Cancellations are required to be completed in person by submitting a cancellation form, signed by the base member.

**Full Payment Policy:** Refunds will not be given for memberships paid in full. Refunds will be reviewed for members that have experienced a "life changing event."

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

\_\_\_\_\_  
Staff Printed Name

\_\_\_\_\_  
Date