



Campanelli YMCA Membership Application

TYPE OF MEMBERSHIP (Monthly Fees): ___ Adult \$42 ___ Couple \$58 ___ Family \$64 ___ Extended Family \$64 (+\$10 each add. adult)
 ___ Single Parent \$55 ___ Senior (Age 65+) \$36 ___ Senior Couple \$47 ___ Youth* (Ages 6-12) \$16 ___ Student* (Ages 13-26) \$25
 ___ Corporate (Consult Membership Services) ___ Silver Sneakers ___ Silver & Fit

***Youth and Student Memberships must provide: 1) Accurate parent information, AND 2) A parent or guardian signature.**

1 APPLICANT INFORMATION

Member First & Last Name: _____ Gender: M / F DOB: _____

Parent First & Last Name: _____ Phone #: _____
***Complete for Youth Membership

Spouse First & Last Name: _____ Gender: M / F DOB: _____
***Complete for Couple Membership

Member Address: _____ City: _____ State: _____ Zip: _____

Cell Phone # (or best phone # to reach you): _____ Email: _____

Your Occupation: _____ Employer: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

2 FAMILY MEMBERSHIP INFORMATION

First & Last Name	Relationship	Gender	DOB	Employer or School
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

3 HELP US SERVE YOU BETTER: Please fill out the following information. This information is kept confidential and is voluntary.

How did you hear about the Y? Internet Newspaper Y Brochure Y Member Other: _____

Ethnicity: Asian African-American Latino Caucasian Other: _____

4 WAIVER & RELEASE OF ALL CLAIMS

1) I understand that my participation in YMCA activities regardless of location is at my own risk. As such, I assume full responsibility for bodily injury, death, or property damage arising out of my participation in YMCA activities.

2) I understand that my child/children's participation in YMCA activities, regardless of location is at my own risk. As such, I as the parent or legal guardian assume full responsibility for bodily injury, death, or property damage arising out of my child/children's participation in YMCA activities.

3) I do hereby for myself, my heirs, executors, and administrators, waive release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in YMCA activities.

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

*****Paragraphs 1, 3, and 4 apply to all adults 18 years of age and older. Numbers 2 and 4 only apply to parents signing for their minor child.**

Signature: _____ Date: _____

Membership Application

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YMCA MEMBERSHIP AGREEMENT (Please read and sign)

1. I understand that this membership will remain in effect for as long as I retain the membership card issued to me.
2. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the ACYMCA a 15-day written notice from my draft data. I understand that I must return all of my membership cards upon termination and that I will receive temporary cards for the balance of the time I have paid or will be paying.
3. The ACYMCA 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.
4. Membership cards remain the property of the ACYMCA and must be surrendered upon demand of the institution.
5. The ACYMCA 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.
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, I close my account without notification, stop payment on my draft, or revoke authorization. Any penalties imposed by my bank of the ACYMCA for uncollected drafts are my responsibility. The ACYMCA charges a \$10 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 ACYMCA. This is in addition to any service fee my bank may make.

Signature: _____

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MEMBERSHIP DRAFT AUTHORIZATION

I hereby authorize the Campanelli 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.

Checking Account:

_____ I am attaching a voided check 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 ACYMCA with a new voided check.

_____ **Credit Card (circle):** VISA MC DISC AE

Credit Card #: _____

Exp. Date: _____

I understand that if I receive a replacement or new card for the credit card account designated, I must provide the ACYMCA with the new account information.

Signature: _____

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THE Y. FOR A BETTER US. Annual Campaign

From exercise to education, from preschool to preventive health, the Y doesn't just strengthen our bodies, it strengthens our community. The Y is more than a gym, it's a cause. Even after 45 years of serving Schaumburg and its surrounding communities, the Y is called to do so much more.

The Y is here to address community needs such as school readiness, youth life skills development, and wellness education. Fortunately, wherever we see obstacles, we also see opportunities for our members, volunteers, and staff to make a difference. But we need your support to make it happen!

___ YOU CAN COUNT ON ME!

___ I will make a **ONE TIME ONLY** gift

___ I will give a **MONTHLY GIFT** of:

\$2 \$5 \$10 Other: \$ _____

Signature: _____

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WILL YOU HELP US SEND A CHILD TO SUMMER CAMP?

Make it a summer to discover. When school lets out for the summer, it means a significant change in a family's daily schedule. Many low-income families cannot afford the cost of summer camp for kids. That's where our community and Y members donation, in any amount, can keep a child safe, active, and continue to learn all summer long!



___ **YES**, I would like to change a child's summer and make a **ONE TIME**, tax deductible, donation.

\$10 \$20 \$30 \$50 Other: \$ _____

Signature: _____

For Office Use Only:

Member ID #: _____

Staff Signature: _____