

# HOPKINS COUNTY FAMILY YMCA

## APPLICATION FOR MEMBERSHIP

### Primary Member Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ethnicity: \_\_\_\_\_    
 Employer: \_\_\_\_\_ Military Service: Yes No  
 Email: \_\_\_\_\_ Key Tag: \_\_\_\_\_

### Membership Type:

- Individual
- Single Parent Family
- Family
- Youth
- Senior Adult
- Senior Family

### Additional Member Information

### Ethnicity

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F \_\_\_\_\_  
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### Payment Options (choose one): Annual Monthly Bank Draft

My monthly draft will be on the: 15th of each  
 month from my  checking account  savings account

membership in any way, I must do so in person before  
 the **10th** of the month. \_\_\_\_\_

Name of Bank Account/Card Holder

\*Initial After Each Bullet

- I understand this bank draft is continuous and will remain in effect until I terminate my membership. \_\_\_\_\_
- The Board of Directors may adjust the monthly rates at their discretion. I understand that I will receive at least 4 weeks notice prior to any such change. \_\_\_\_\_
- I understand that if I wish to terminate or change my

- I understand a service fee of \$10 will be assessed if for any reason the funds are unavailable to cover the automatic payment. \_\_\_\_\_
- I understand that the YMCA bank draft is electronic and can be deducted from my account at any time on the draft date; therefore, funds must be available by midnight the date before the draft date. \_\_\_\_\_

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



**FOR YOUTH DEVELOPMENT™**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

In consideration of gaining membership or being allowed to participate in the activities or programs of the Hopkins County Family YMCA and to use its facilities, equipment, exercise machines, free weights, swimming pool, sauna, or any other amenities via payment of membership or program fees, scholarship provision, or any combination thereof, I do hereby waive, release, and forever discharge the Hopkins County Family YMCA and its officers, directors, agents, employees, representatives, executives, and all others from any and all responsibilities or liability for any death, injuries or damages resulting from or out of my participation in any activities, programs, events or use of said facilities equipment or other amenities of the Hopkins County Family YMCA, including those caused by a negligent act or omission. 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 membership, end program participation, and remove visitation access.

By signing below, I hereby agree to the waiver and release above. I verify that all of the information I provided is accurate and that I have read and understand the above text. I also acknowledge that I have received the New Member Handbook and I understand that it is my responsibility to review and adhere to all policies listed.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Our GET STARTED Class is free to new members!**

Fitness Staff will develop and guide you through a complete fitness orientation on cardio and weight equipment, focusing on proper form and technique. We offer a variety of strength and cardio apparatus, and we want to ensure that you're familiar with the equipment and using it safely, and to your full advantage. Staff will also offer explanation of all Group Exercise classes and give short demonstrations of beginner movements used.

**GET STARTED Class** is offered the last Tuesday of every month at 6:00 PM. The orientation will be held in a small-group setting and provides the opportunity for one-on-one questions. Please meet in the YMCA Lobby for class.



### **INVESTMENT IN MISSION**

Since 1896, the Y has been helping the Hopkins County community — one senior, one parent, one child at a time. We believe that positive, lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. It's a fact that strong, stable, secure families form a solid foundation for the growth and success of our community. Families depend on donations from individuals and organizations. We ask you to consider making a **tax deductible** investment in our community's future.

**Monthly Draft Amount (ongoing unless you notify us to stop):**

**\$5   \$10   \$15   \$20   Other \$ \_\_\_\_\_**

**Or one time gift of \$ \_\_\_\_\_ (invoice will be mailed)**