



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Westport Weston Family YMCA Application For Membership _____ Date

How Did You Hear About The Westport Weston Family YMCA

___ Digital Ad ___ Mobile/Text Ad ___ Billboard Ad ___ Radio Ad ___ Social Media Ad
___ Friend/Family ___ Former Member ___ YMCA Website ___ Other (_____)

Tell Us About What You and Your Family Would like To get Connected With

___ Aquatics ___ Camp ___ Dance ___ Gymnastics ___ Health & Wellness ___ Personal Training
___ Special Needs Programs ___ Sports & Recreation

Membership & Wellness Free Incentives: Please Check Any That Apply to Your Membership Goals

_____ **Fitness Equipment Orientation:** Each member 14 and over will receive a full orientation of all Wellness Center Equipment.

_____ **Fit Family Program:** Adults and Youth ages 10-13 will receive a full orientation on the Wellness Center. Upon completion Youth ages 10-13 may work out in the Wellness Center under the supervision of an Adult Member.

_____ **Intro to Personal Training:** Receive Three 60-minute sessions of Personal Training for \$159.00. Sessions must be used within 2 months of purchase.

Membership Account Information (Please Print)

Primary Adult

First Name: _____ MI: _____ Last Name: _____
Gender: _____ Date of Birth: _____ Marital Status: _____
Address: _____ City: _____ ST: _____ Zip: _____
Primary Phone #: _____ Email: _____
Emergency Contact: _____ Phone #: _____

Additional Members on Account (Please Print)

		Gender	Age 22/under	Age 23+
Name: _____	DOB: _____	M___/F___	_____	_____
Name: _____	DOB: _____	M___/F___	_____	_____
Name: _____	DOB: _____	M___/F___	_____	_____
Name: _____	DOB: _____	M___/F___	_____	_____

Emergency Contact for Above Members (if different from Primary Adult)

Name: _____ Phone #: _____

Membership & Payment Information—Please Check the Membership Type and Payment Option Applying For

<u>Membership Type</u>	<u>Age Range</u>	<u>Join Fee</u>	<u>Monthly Draft Option Fee</u>	<u>Annual Option Fee</u>
Youth	0-13	\$25	N/A	\$300 _____
8th Grade	8th Grade	N/A	\$15 _____	N/A
High School	14-17	\$25	\$50_____	\$600_____
Adult	18-64	\$75	\$85 _____	\$1020_____
Senior	65+	\$25	\$61_____	\$732_____
Senior Couple	65+	\$50	\$96_____	\$1152_____

Family: Rates based on the # of adults ages 23 and over in the household . Please check appropriate type:

- ◆ _____ Family 1 Adult \$114/month _____ Family 2 Adults \$137/month _____ Family 3 Adults \$158/month
- ◆ _____ Family 4 Adults \$180/month _____ Family 5 Adults \$202/month
- ◆ For my Family Membership I choose to pay: _____ Monthly _____ Annual
- ◆ **Join Fee—Family Membership:** \$100 **Family Annual Fees:** Monthly Rate x 12

Liability Waiver & Sex Offender Screening Notice

- ◆ By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from liability for other claims, including loss of property, to the fullest extent of the law.
- ◆ 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.
- ◆ Please be aware in order to protect the safety of our members, the Westport Weston Family YMCA may allow local law enforcement and or/third-party security providers to monitor its public areas.

Signature: _____ Date: _____

Payment Authorization Options & Membership Draft Terms

Monthly Membership drafts are continuous. To discontinue your monthly draft, please submit in writing request for cancellation. Membership will be cancelled 30 days after receipt of written request.

Debit/Withdrawal from Checking/Savings Account Debit or Credit Card ___ AMEX ___ MC ___ Visa ___ Discover
 Name on Account: _____ Name on Account: _____
 Account #: _____ Card #: _____
 Routing #: _____ Exp. Date: _____ Sec. Code: _____

I have read the above terms and duration of this agreement

Signature: _____ Date: _____

WWFY Annual Campaign

The Family YMCA’s Annual Campaign allows our YMCA to provide camp scholarships, free or subsidized memberships and other financial assistance to local families and individuals in need. Please consider making a one-time or monthly draft donation to help the Family YMCA better serve our community and those who need our help.

_____ Yes I would like to donate \$_____ per month to the WWFY’s Annual campaign via draft deduction.
 _____ Yes I would like to make a One-Time donation in the amount of \$_____ to the WWFY’s Annual Campaign.

Office Use

Unit ID #: _____ **Staff Signature:** _____