



FACILITYMEMBERSHIPAPPLICATION

HOPKINSVILLE | CHRISTIAN COUNTY FAMILY

Our Mission: The Hopkinsville YMCA is a nonprofit organization whose mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE

Last Name			Firs Name		Middle Initial	Type of Membership	Discount applied:		
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone ()	Cell Phone ()	Employer/Occupation				Join Date / /	No: of members
Home Address	Street			Apt. #				Joining fee	Amount
	City		State	Zip Code				Initial Fee	Amount
Spouse's Information	Spouse's Name			Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Monthly Fee	Amount		
	Spouse's Employer			work Phone ()		Staff Initials			
Email address (Primary account holder):				Spouse Email address:					
Emergency Contact				Emergency Phone ()					
Teen membership				Parent name:					
Parent Phone number				Parent date of birth:					
Child's Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Child's Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F			
Child's Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Child's Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F			

Hopkinsville YMCA Authorization Agreement for ACH Debits/Card Drafts

Name: _____

Address: (Street, City, State and Zip Code) (Required if billing address is different than address listed above.) _____

I hereby authorize the *YMCA of Hopkinsville, KY* to initiate debit entries to my **checking account or debit/credit card** indicated below at the bank named below to credit the same such account.
For ACH Debits, please have a voided check.

Name of the card Holder	Last 4 digits of the Credit card/ account number	Signature of the Card holder
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Draft Date (Day of Withdrawal) Please circle one	1 st or 15 th of the month	3/6/12 month membership payment
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I also understand that if I wish to cancel or make any changes to my membership, I must give the Hopkinsville YMCA a 30-day written notice. It is my responsibility to notify the Hopkinsville YMCA of any changes to my contact information or household makeup. I also acknowledge that any members that reach above the age of 23 years on my account will have to procure a adult single membership account.

Signature



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By signing this form, I expressly assume the risk of damage or harm to person or property. Accordingly, neither the Hopkinsville YMCA nor any of its respective officers, Board of directors, employees and volunteers shall be liable to me or any of my family, agents, my executors, administrators, employees or invitees for any damage to person or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of the Hopkinsville YMCA or any of its agents, employees, servants or invitees or due to the condition or design or any defect in the building, its mechanical systems or its equipment.

**Individuals convicted of any felony sex crimes shall not be allowed membership.
Please consult your physician before starting any fitness/physical program.**

- 1) **I understand that authorization is to remain in full force, and if I wish to terminate or change my membership in any way, I must give the Hopkinsville YMCA a 30-day written notice.**
- 2) The Hopkinsville YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks' notice prior to any such change.
- 3) You must report errors within 90 days of occurrence to enable us to correct our mistake and refund the appropriate amount to you (after 90 days, we will only be able to correct our error.)
- 4) After a return, the YMCA staff will make two attempts to contact you regarding payment. If payment has not been made prior to your next draft date, the membership will be terminated.
- 5) Should any membership draft not be honored by my bank or credit card company for any reason, I realize that I am still responsible for that payment plus a service charge applied by the Hopkinsville YMCA. This is in addition to any service fee my bank may make. After a period of 60 days with a balance due on my account, I understand I will be turned over to collections and legal action may be taken.
- 6) Charges for the collection of delinquent accounts, including collection agency charges, court costs, and or reasonable attorney's fees will be added to the total balance.
- 7) Membership cards remain the property of the Hopkinsville YMCA and must be surrendered upon demand of that institution.
- 8) Discounts to membership rates are given at the sole discretion of the Hopkinsville YMCA and are subject to change.

Signature:	Date:
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We as a staff at the Hopkinsville YMCA would like to know what your Interests/Goals are when becoming a member. Please check the box(s) next to the field(s) that best interests you and that you would like to receive more information on.

Areas of Interest:

- Adult Sports (Basketball/Volleyball/Pickleball)
- Aerobics (Zumba, Pilates, Yoga, etc.)
- Aquatics (seasonal swim lessons and water aerobics classes)
- Cardio Equipment (Orientation/Wellness Coaching)(no fees apply)
- Children's programs (art, sports, dance/gym, IMP, music classes)
- Coaching (Sports – soccer, flag football, t-ball, baseball)
- Senior Programs (Silver Sneakers, Spin, Aerobics)
- Personal Training (fees will apply)
- Indoor bicycle class (Spinning)
- Strength Training (Orientation/Wellness Coaching)(no fees apply)
- Summer Camp
- Volunteerism
- Youth Sports (soccer, flag football, cheer, archery, t-ball, baseball, softball)
- Bible Studies
- Other (please explain) _____

Goals:

- Weight Loss
- Youth Involvement
- Maintain Healthy Lifestyle

Thank You,

YMCA Staff