



MEMBERSHIP AGREEMENT

Date of Application: _____ ☐ New Membership ☐ Rejoin
(Within 30 days of cancellation)

Type of Membership (Check those that apply)

- ☐ Young Adult (14-25) ☐ Adult (26+) ☐ Two Adult (26+) ☐ Corporate ☐ Open Door ☐ Financial Assistance
☐ Family (Any 2 adults living in the same household and their dependent children under 26)
☐ Family+ (Any 3 adults living in the same household and their dependent children under 26)
☐ Open Door ☐ Financial Assistance ☐ Other: _____

Primary Member (or parent of young adult member – applicants under 18)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other: _____ ☐ Male ☐ Female

Legal: First Middle Last Suffix Called by

Birth Date Marital Status Preferred E-mail: ☐ Home ☐ Work

Home Address City State Zip

Home Phone Cell Phone Business Phone

Occupation Employer Employer Address

Ethnicity (Optional): ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other

2nd Adult Information (☐ Spouse ☐ Other Adult)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other: _____ ☐ Male ☐ Female

Legal: First Middle Last Suffix Called by

Birth Date Preferred E-mail: ☐ Home ☐ Work Cell Phone

Occupation Employer Employer Address

Ethnicity (Optional): ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other

3rd Adult Information (☐ Spouse ☐ Other Adult)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other: _____ ☐ Male ☐ Female

Legal: First Middle Last Suffix Called by

Birth Date Preferred E-mail: ☐ Home ☐ Work Cell Phone

Occupation Employer Employer Address

Ethnicity (Optional): ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other

Dependents/Other First/Middle/Last Names	M/F	Birth Date	Employer/School	Ethnicity (Optional)	Relationship to Primary Member
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Emergency Contact Information (In addition to spouse/2nd or 3rd adult)

Name Relationship to Primary Day/Evening Phone Hospital Preference



Conditions of Membership

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms, and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the Kankakee Area YMCA assumes no responsibility for such injury or illness.

Member Conduct: I/We agree to abide by the Kankakee Area YMCA's Member Code of Conduct.

Criminal History: The applicant acknowledges that the Kankakee Area YMCA's policy is to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

3rd Party Payment Processing: I/We authorize the Y, including its third-party payment processing companies, to store the account or card information provided by me/us in relation to my/our membership.

Reinstatement: The joining fee is one-time as long as membership is continuous. If members rejoin within 30 days of cancellation, no joining fee is required. A full joining fee will be required if more than 30 days have passed.

Property Loss: The applicant understands that the Kankakee Area YMCA is not responsible for personal property lost, damaged, or stolen while using the YMCA facility or participating in YMCA programs.

Photograph Permission: The applicant hereby permits the YMCA (local, national, and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Insurance: The applicant understands that the Kankakee Area YMCA does not provide accident or health insurance for its members or participants and that it is the applicant's responsibility to provide such coverage.

Automatic Draft (ACH) Authorization

I authorize my financial institution to honor pre-authorized ACH drawn by the Kankakee Area YMCA for membership dues, program payments, and/or contributions. It is understood that my ACH amount is continuous. **Cancellation and/or changes to this fee must be submitted in writing at least 10 days before my scheduled draft date.** You may e-mail, mail your written notice, or visit the facility. The YMCA must receive your written cancellation request ten days before your next billing cycle. If your request is received less than ten days before your scheduled billing date, your account will be drafted for that month. Should any ACH not be honored by said financial institution when received by them, it is understood the YMCA will pursue collection of dues plus a service charge. I understand that membership rates are subject to change at any time with approval by the Kankakee Area YMCA Board of Directors. All rate changes will be communicated to members in writing. All membership fees are non-refundable and non-transferable.

Choose Draft Date: ☐ 1^s (of each month) ☐ 15th (of each month)

☐ Credit/Debit Card ☐ EFT Bank Draft (must provide voided check)

Signature of Authorized Account Holder for ACH Authorization

FOR OFFICE USE ONLY

Name on Account Last 4 Digits of Bank Account, Debit/Credit Card Expiration Date

Bank Name First Draft Month

Member Join Date: _____ Member ID: _____

☐ Photo ID Verification (16+) ☐ Photo Taken ☐ App/Barcode # Issued ☐ Guest Pass ☐ Wellness Orientation Scheduled

Comments: _____

Member Service Staff Authorization: _____

By signing below, I/we verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/we understand that YMCA memberships are non-refundable and non-transferable after 30 days. I/we agree to abide by all terms and conditions listed on this Membership Agreement and all rules set forth by the Kankakee Area YMCA.

Member Signature
(Parent or Guardian of Applicants under 18)

Date