



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST MEMBERSHIP APPLICATION

- Please select a membership type:**
- Youth (0-18)
 - Young Adult (19-24)
 - Adult (25-61)
 - 1 Adult Family
 - 2 Adult Family
- Senior (62+)
 - Senior Family

- Primary Language**
- English
 - Spanish
 - Russian
 - Other _____

*Family is defined as one or two adults and their dependents who are under the age of 19.

- Central YMCA
 North YMCA
 South YMCA
 Valley YMCA

PRIMARY MEMBER				MEMBER ID: _____	
First Name		Middle	Last Name		
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified	Primary email		
Street				Apt/Unit #	
City		State	Zip	Primary Phone Is this a cell phone? _____ ()	Secondary Phone Is this a cell phone? _____ ()
Employer Name			Race <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial		Do you want to receive text message updates? <input type="checkbox"/> YES <input type="checkbox"/> NO
2nd ADULT MEMBER					
First Name		Middle	Last Name		
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified	Home email		
Street				Apt/Unit #	
City		State	Zip	Primary Phone Is this a cell phone? _____ ()	Secondary Phone Is this a cell phone? _____ ()
Employer Name			Race <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial		<input type="checkbox"/> Check here if you don't want to receive Y member information via email or text
DEPENDENTS					
First Name	MI	Last Name	Date of Birth Gender	Relationship to Primary Member	Race
			/ / <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified		<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial
			/ / <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified		<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial
			/ / <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified		<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial
			/ / <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified		<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial
			/ / <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified		<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial
EMERGENCY CONTACT (Other than in your household) Required for all memberships			Name	Phone Is this a cell phone? _____ ()	

CONDITIONS OF MEMBERSHIP

Sex Offender Screening: 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.

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in group exercise 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 YMCA of the Inland Northwest assumes no responsibility for any such injury or illness.

Member Conduct and Right to Use Facility: The applicant(s) agrees to behave in a manner which reflects the YMCA's core values of Caring, Honesty, Respect and Responsibility at all times. In addition, they agree to follow instructions from YMCA staff and management.

Property Loss: The applicant(s) understands that the Y is not responsible for personal property lost, damaged or stolen while using the Y facilities, including but not limited to locker rooms, parking lots, or participating in Y programs.

Photograph Permission: The applicant(s) hereby gives permission for the Y to use, without limitation or obligation, photographs, video footage or tape recordings which may include the applicant(s) (including minors on the membership) image or voice for purposes of promoting or interpreting Y programs.

Insurance: The applicant(s) understands that the Y does not provide any accident or health insurance for its members or participants and further understands it is the applicants' responsibility to provide such coverage.

Medical Treatment: The applicant(s) gives permission for Y staff or volunteers to provide emergency first aid.

Selling of Goods: The selling of goods and services is strictly prohibited on YMCA property and/or program locations. This includes but is not limited to personal training and flyers left on vehicles on YMCA property.

Membership Dues: We will make reasonable efforts to notify members prior to any rate changes. All failed drafts are subject to a \$20 service fee. I acknowledge that I am responsible for any NSF fees.

Cancellation of Membership: Cancellation must take place in person, or in writing with a minimum of a 30-day notice.

Release of Liability/Participation: I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me, and if applicable, other adults and youth on my membership to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA of the Inland Northwest, its employees, its board members, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

The Conditions of Membership are non-negotiable.

Signature of All Members Age 18 or older or signature of parent/guardian of applicants under 18

Signature

Date

Signature

Date

Signature

Date

Signature

Date

MEMBER ENGAGEMENT

Primary Member Name: _____ Member ID: _____

HOW DID YOU HEAR ABOUT THE YMCA?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Drove by/Live in area | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email | <input type="checkbox"/> Television |
| <input type="checkbox"/> Employer | <input type="checkbox"/> YMCA Member |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> YMCA Staff |
| <input type="checkbox"/> Medical Referral | <input type="checkbox"/> YMCA Website |

HOUSEHOLD INCOME:

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$13,999 | <input type="checkbox"/> \$55,000 - \$74,999 |
| <input type="checkbox"/> \$14,000 - \$24,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$25,000 - \$39,999 | <input type="checkbox"/> \$100,000 - \$149,999 |
| <input type="checkbox"/> \$40,000 - \$54,999 | <input type="checkbox"/> \$150,000 or more |

AREAS OF INTEREST:

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Resident/Overnight Camp | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Senior Programs/Activities | <input type="checkbox"/> Water Exercise |
| <input type="checkbox"/> Family Activities | <input type="checkbox"/> Sports (Adult Recreation) | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sports (Youth Leagues) | <input type="checkbox"/> Youth Fitness |
| <input type="checkbox"/> Group Exercise Classes | <input type="checkbox"/> Strength Training/Weight Lifting | |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Summer Day Camp | |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Swimming (Laps) | |
| <input type="checkbox"/> Parent - Child Programs | <input type="checkbox"/> Swim Lessons | |

VOLUNTEER WORK:

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Parent - Child Programs | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Chronic Disease Prevention/Recovery | <input type="checkbox"/> Resident/Overnight Camp | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Community Projects | <input type="checkbox"/> Senior Programs/Activities | <input type="checkbox"/> Youth Sports Coach |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Summer Day Camp | |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Swim Lessons | |