



## YWCA Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender M / F: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_  Opt-In to YWCA Email Communications

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Ethnic/Racial Background: The following information is for statistical purposes only:**

\*Race/Ethnicity: (Please check one) \_\_\_ White \_\_\_ Hispanic \_\_\_ Black or African American \_\_\_ Asian \_\_\_ Other/Two or more races

\*Annual Family Income: (Please check one) \_\_\_ Under 25K \_\_\_ 26-60K \_\_\_ 61-100K \_\_\_ Over 100K

### FAMILY MEMBERS

Full Name (Last, First)	Birth Date	Gender	Employer (if applicable)	Email
2.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
3.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
4.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
5.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		
6.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		

### MEMBERSHIP TYPE

Please check one of the following:

Adult  Adult II  Youth  Family I  Family II

All Access  Fitness  Pool

Membership Joiners Fee: \_\_\_\_\_ Membership Monthly Fee: \_\_\_\_\_

### YWCA Activity Center

515 North Street, White Plains, NY 10605

P 914.949.6227 F 914.949.2021

[www.ywcapcw.org](http://www.ywcapcw.org)

### YWCA Residence for Women

69 North Broadway, White Plains, NY 10603

P 914.428.1130 F 914.428.1439





## Membership Terms and Agreement

Please read each term and agreement carefully, when done initial name where indicated to do so.

     **Initials** My Membership plan fees are paid through a monthly credit card draft. I understand this is a continuous membership plan. My membership will remain in effect for as long as I maintain current payment. It is my understanding that if I wish to cancel my continuous membership plan, I must give the YWCA White Plains & Central Westchester 30 days written notice of cancellation.

     **Initials** I understand that my credit card will be drafted will be on the 1<sup>st</sup> of each month.

     **Initials** In order to put my membership on medical hold, I understand I need to provide a medical note signed by a physician.

     **Initials** I understand it is my responsibility to notify the YWCA of any change in name, address, email, and all other relevant information.

     **Initials** **Hold Harmless:** I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any injury, loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my children's participation in the YWCA to the greatest extent allowed by law. I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party.

     **Initials** **Emergency Consent:** I understand that the YWCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any activity or use of any equipment. In the event of an emergency, the YWCA has my permission to administer immediate first aid by a qualified YWCA personnel to myself.

     **Initials** I understand that the YWCA is not responsible for any personal property that is lost or stolen while on the premises.

     **Initials** **Photography Release:** I further grant permission to the YWCA White Plains & Central Westchester to use photographs, videotapes and films of me or my child taken at the YWCA for publicity and/or promotion purposes. By signing this release, I certify that I have read, agree and I fully understand and am not relying on statements or representations of any Released Party. Should I wish to exclude myself or my child from any photographs, videotapes and films, I understand that I must notify the Program Director in writing.

By signing below, I authorize the YWCA to charge the agreed-upon payment amount to my debit or credit card.

Print Name: \_\_\_\_\_

Signature of Authorization: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Contract Review Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Member ID: \_\_\_\_\_

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