



WOODSON YMCA MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please select your membership type

- | | | |
|---|---|--|
| <input type="checkbox"/> Family/Household* | <input type="checkbox"/> 55+ All Access | <input type="checkbox"/> 1 week |
| <input type="checkbox"/> Adult (Ages 25+) | <input type="checkbox"/> SilverSneakers | <input type="checkbox"/> 2 weeks |
| <input type="checkbox"/> Young Adult (18-24) | <input type="checkbox"/> Silver & Fit | <input type="checkbox"/> 30 day |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Optum/Renew Active | <input type="checkbox"/> 90 day Youth or Student** |
| *One or two adults living in the same household and any of their dependent children under the age of 19 or in college up to age 25. | | **Summer 90 day Youth or Student Memberships are only available May-July |
| | <input type="checkbox"/> AARP Medicare Supplement | |

Please select any additional services (additional fees apply)

- | | | | |
|--|--------------------|------------|--|
| <input type="checkbox"/> Kit Locker Only | (Wausau Location) | Name _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Laundry & Storage | (Wausau Location) | Name _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Towel Service | (Wausau & Aspirus) | Name _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Unlimited Yoga | (Wausau & Aspirus) | Name _____ | |

Please print the primary member's information below

Name _____
First Middle Initial Last

Email Address _____

Address _____
Street City State Zip

Phone _____
Home/Cell Work Emergency Contact/Phone

Date of Birth ___ / ___ / ___ **Gender** M F **Race** _____

Employer _____

Parent(s) name (if youth membership) _____ **Parent's Date of Birth** ___ / ___ / ___

Additional Family / Household Members

*One or two adults living in the same household and any of their dependent children under the age of 19 or in college up to age 25.

Spouse / Adult Household Resident _____
First Middle Initial Last

Email Address _____

Phone _____ **Date of Birth** ___ / ___ / ___ **Gender** M F

Employer _____ **Race** _____

Dependents Living at Home	M	F	Date of Birth	School	Race

MEMBERSHIP REFERRAL: See Share the Y form for additional information

Referring Member _____

BEHAVIOR

Membership at the Woodson YMCA is a privilege. The Woodson YMCA, to the extent not otherwise prohibited by applicable law, reserves the right to deny, condition, or revoke membership of any individual who: (i) is arrested for, charged with, or convicted of sex offenses as that term is defined in Wis. Stat. I301.45(1d)(b); (ii) is arrested for, charged with, or convicted of other crimes inconsistent with the values of the YMCA, including crimes involving moral turpitude or bodily harm; or (iii) engages in inappropriate behavior, or other misconduct on or near the property of the YMCA, including, but not limited to, profanity, abusive language, inappropriate attire, smoking, consumption of alcohol, or removal or damage of YMCA property.

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.

POLICIES

I understand that if I wish to cancel, I will provide a 30-day notice by either completing a cancellation form or by mailing in a cancellation letter. Cancellations via phone are not accepted.

I understand that my photo may be taken and used in marketing materials. If I do not wish to have my photo included, I will notify the photographer.

NATIONWIDE MEMBERSHIP

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 any liability for other claims, including loss of property, to the fullest extent of the law.

SIGNATURE _____ **DATE** _____

FOR STAFF USE ONLY – PAYMENT PLAN

Corporate/Insurance Reimbursement _____ Staff Initials _____

- Auto Deduction (EFT/Credit Card: Attach voided check/savings slip & auto deduction form)
- Annual Pay (Cash, Check, Credit Card)
- Semi-Annual Pay (Cash, Check, Credit Card)
- Short term (1 wk, 2 wks, 30-day, 90-day)
- SilverSneakers / Silver & Fit / Optum – Renew Active / AARP Medicare Supplement

Weekly/Monthly/Annual \$ _____ Joiner Fee \$ _____ Total _____

Notes _____