



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Orthman Community YMCA Membership Application

### 1. Membership Type

- **Golden** (age 80+) \*Free
- **Family\*** \$56 monthly/ \$672 annually (Two adults living in same household and legal dependents as defined by the IRS and are under the age of 24).
- **65+ Couple \*** \$48 monthly / \$576 annually
- **Adult 65+** \* \$30 monthly / \$360 annually
- **Adult** (age 19-64) \* \$34 monthly/ \$408 annually
- **Youth** (age 11-18) \*\$24 monthly/ \$288 annually
- **If Corporate account, Employer Name** \_\_\_\_\_

**There is a \$40 membership joining fee due along with the prorata at the time of sign-up.**

### 2. Member Information (Registered sex offenders are prohibited from Y property; all members are screened against the National Offender Database.)

Adult First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Ethnicity \_\_\_\_\_

2nd Adult First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dependent Children's Name	M/F	Date of Birth	Ethnicity

Orthman Community YMCA- 1207 N. Grant St. Lexington, NE 68850 308-324-1970

YMCA Mission: "To put Christian principles into practice through programs that help build a healthy spirit, mind, and body for all."

**3. Would you like to donate to our Annual Support Campaign? \_\_\_yes \_\_\_no**

○ One Time donation- amount to be added to your first month's membership draft:  
\$\_\_\_\_\_

○ Monthly donation- amount to be added to each month's membership draft: \$\_\_\_\_\_

○ I would like to be contacted during the annual campaign in November: yes / no

**4. Payment information:** \_\_\_ Annual Membership \_\_\_1<sup>st</sup> of month \_\_\_15<sup>th</sup> of month

**5. Monthly Draft Information:** Signing below authorizes draft from the account requested. 30-day cancellation notice is required to stop draft. If your account does not have sufficient funds available when the Y attempts to charge and payment is returned unpaid, an additional returned payment fee (\$30) will be added to your account.

**6. Areas of Interest**

\_\_\_Aerobics-Group Ex. \_\_\_Aquatics \_\_\_Childcare \_\_\_Fundraising

\_\_\_Family Programs \_\_\_Senior Programs \_\_\_Sports \_\_\_Strength Training

\_\_\_Summer Camp \_\_\_Youth Activities \_\_\_Volunteerism

**Terms & Conditions:**

- In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment and machinery in addition to the payment of fee or charge, I do hereby waive, release, and forever discharge the YMCA, its staff, and representatives from any and all responsibilities or liability for injuries or damages resulting from my or my family's participation in any YMCA activities on and off the premises in any way out of or connected with my participation in any activities of the YMCA or the use of any equipment of the YMCA.
- Further, I hereby grant full permission to any and all of the foregoing to use, re-use, publish and republish photographs including (but not by way of limitation) illustration, promotion and advertising and trade, television and multimedia and to use my name in conjunction therewith if the YMCA chooses of me participating in any and all YMCA activities and/or events for publicity and/or promotional purposes without obligation or liability to me.
- I declare, for any minor(s) and myself that I/we are physically able to participate in the activities of the YMCA OF THE PRAIRIE.
- I agree to adhere to all policies set by the YMCA as written. I also agree to notify the YMCA of any change in bank information or employment that would affect my payment procedure.
- I understand that membership cards are nontransferable and that loaning this card may subject the owner to loss of privileges. The cost is \$5 for a replacement card.
- I understand that a membership category may change due to age or school enrollment status and that this change may affect the membership rate.
- I understand that any person who supports the YMCA's purpose may become a member of this corporation, in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA. The YMA has the right to terminate my YMCA privileges. The YMCA has the right to terminate YMCA privileges anytime if: it appears that you taking actions or doing things that are contrary to the YMCA's mission, or it appears that you are involved in criminal acts or you are acting in ways that disrupt the YMCA's operations.
- By signing this I understand that I agree with the above terms.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_ **Staff initials**\_\_\_\_\_