



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Which Membership is Right for You?



Category	Monthly*	Yearly*
Youth	\$12.28	\$147.32
Young Adult	\$26.69	\$320.25
Adult	\$38.70	\$464.36
Couple	\$53.38	\$640.50
Single Parent Family	\$48.04	\$576.45
Family	\$57.11	\$685.34
Senior Adult	\$35.23	\$422.73
Senior Couple	\$49.37	\$592.46

*All amounts listed include applicable taxes.

Membership Categories

- Youth: Ages 0-15
- Young Adult: Ages 16-23
- Adult: Ages 24 – 59
- Family: Married couples and children in the same household
- Senior: Age 60 and older



- A one-time Joiner’s Fee is added to either the first month’s or the yearly payment.
- All payments are made through a monthly draft from either your credit card or bank account. The draft is taken on the 15th of each month.
- If you wish to cancel your membership, you just need to provide a 30-day notice before your last draft.
- If you do not wish to participate in the draft, you have the option to purchase an annual membership.

Scholarships Available

It is the hope of our YMCA that no one is excluded due to an inability to pay. Scholarships are available for programming as well as memberships. Applications are available under the Financial Aid section of this website or at the Welcome Center of our Y.



Membership Number		Membership Type		Payment Date of Draft 15 th Amount \$ _____ (this is the amount before the referral)	Billing Cycle <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual Payment Method <input type="checkbox"/> Bank Draft (EFT) <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Cash
Corporate Group					
Card Number		Expiration Date			
Branch	YMCA Staff Member	First Free Workout Scheduled Date: _____ Time: _____ With: _____			



Sandusky Area YMCA Membership Application

Primary Adult	Date	How would you like to receive Sandusky Area YMCA Publications? *				
		<input type="checkbox"/> Electronically via E-mail <input type="checkbox"/> US Mail <input type="checkbox"/> I do not wish to receive Sandusky Area YMCA Mailings				
	First Name*	MI	Last Name*			
Home	Birth Date*	Gender* M F				
	Mailing Address*					
	City*	State*	ZIP*	County		
Employer	Home Phone*	Cell Phone*	Email			
	Company Name					
	Street Address					
	City	State	ZIP			
Second Adult	Job Title	Phone				
	Emergency Contact Name*		Phone (Primary)*			
	First Name*	MI	Last Name*	Phone #		
Dependents	Birth Date*	Gender* M F	Relation to Primary Member	Employer		
	Company Address		Job Title	E-Mail		
	First Name*	MI	Last Name*	Birth Date*	Gender* M F	School
Dependents	First Name*	MI	Last Name*	Birth Date*	Gender* M F	School
	First Name*	MI	Last Name*	Birth Date*	Gender* M F	School
	First Name*	MI	Last Name*	Birth Date*	Gender* M F	School
	First Name*	MI	Last Name*	Birth Date*	Gender* M F	School
	First Name*	MI	Last Name*	Birth Date*	Gender* M F	School

WAIVER

I am an adult over 18 years of age and wish to participate in Sandusky Area YMCA (the "YMCA") membership/program activities, and I wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release understand it, and am voluntarily signing it.

I understand that the Sandusky Area YMCA is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the Sandusky Area YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

MEMBERSHIP AGREEMENT

If my membership dues are paid through Credit/Debit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. **If I lose my membership card I will need to replace it at my expense of \$5.** Membership cards are the property of the YMCA and must be surrendered upon demand. It is my complete understanding that if I wish to change my membership in any way, I must give the YMCA a 30 day written notice **prior to the next scheduled draft date.** All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit/debit card information / expiration date (if utilizing credit/debit card for payment of dues).

The Joiner Fee is a one-time fee as long as you remain an active member of the Sandusky Area YMCA. If you choose to discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership. Membership is a privilege. We as the Sandusky Area YMCA reserve the right to terminate individual memberships at will.

If I choose to not give billing information my membership will have an expiration date. If my membership becomes inactive for more than 30 days I understand that I will have to pay a joiner fee upon my return.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the Sandusky Area YMCA, hereby apply for membership. Note: Parent or guardian must sign if applicant is under 18 years of age.

Signature _____ Date _____

Signature _____ Date _____

To Be Completed for Monthly, Quarterly or Annual Bank Draft – Only

Membership Rate \$ _____ Ohio Sales Tax \$ _____ Locker Rental \$ _____

Annual Campaign Contribution \$ _____ Total \$ _____

Beginning Draft Account \$ _____ Beginning Draft Date _____ 15th _____

Checks/savings account and credit/debit card drafts that are returned due to non-payment will be subject to a \$30 fee per NACHA Rules enacted in 1998. The member's account will be cancelled and reinstatement will require that all past due payments and reinstatement fees be paid in full by cash, money order or credit card. No checks or debit cards will be accepted.

The YMCA will continue to try and collect payment on all credit/debit card returns for 30 days.

A third party collection agency will try to collect payment on all EFT returns for 30 days. If collection is made the third party collection agency will also collect the \$30 return fee.

I authorize the Sandusky Area YMCA to automatically debit my account. If necessary, adjustments or entries to correct error are also authorized. Rates are subject to change with a 30-day written notice.

This debit is continuous and will remain in effect until I cancel my membership and return my membership card. I understand that if I wish to cancel the membership I must appear in person and sign a cancellation form. **The Sandusky Area YMCA requires a 30 day notice prior to the next scheduled draft date for all cancellations.**

Signature X _____ Date _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit/debit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit/debit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit/debit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit/debit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date,

I choose to utilize the EFT option for monthly payment (direct debit from my Checking/Savings)

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

Authorized Signature _____ Date _____

I choose to utilize the Credit/Debit Card Payment Option for my Payment (automatic direct charge to credit card or direct debit from the account my debit card is attached)

Credit Card Type VISA MC DISC Account Number _____ Expiration Date _____

Card Holder Name _____

Authorized Signature _____ Date _____

DEMOGRAPHIC & MARKETING INFORMATION

The YMCA is committed to serving people of all ages, races, religions and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.

How long have you lived in the community? _____ years _____ months

Do you own or rent your home? _____ Own _____ Rent

Please check areas of interest:

- Aerobics – Group Exercise
- Spinning
- Strength Training
- Sports
- Summer Camp
- Child Care
- Coaching Parent – Child
- Teen Activities
- Senior Programs
- Social Activities
- Family Recreation
- Volunteerism
- Fundraising
- Board Member
- Aquatics
- Other _____

Ethnic Origin

- African American
- Asian American
- Caribbean
- Caucasian
- Hispanic
- Native American
- Native Hawaiian or other Pacific Islander
- Other

Household Income

- \$0 - \$13,999
- \$14,000 - \$24,999
- \$25,000 - \$39,000
- \$40,000 - \$54,999
- \$55,000 - \$74,999
- \$75,000 +

How did you hear about the YMCA?

- Radio
- TV
- Social Media
- Billboard
- Live in Area
- YMCA
- E-Mail
- Yellow Pages
- Newspaper
- Internet
- Former Member
- Friend/Family
- Medical Referral
- Health Fair

Number of people residing in household _____