

BRANCH LOCATION  North  Downtown  East  Guest  AWAY—Branch \_\_\_\_\_

## MEMBERSHIP APPLICATION

Date \_\_\_\_\_

**The YMCA of Greater Syracuse is working in collaboration with the Lance Armstrong Foundation to better serve cancer survivors in our community. Have you or anyone in your immediate family ever been diagnosed with cancer? \_\_\_\_\_ YES \_\_\_\_\_ NO**  
**If yes, may we contact you? \_\_\_\_\_ YES \_\_\_\_\_ NO**

Please indicate your annual household income: For Income based memberships income must be verified within 5 days of joining or membership fee will revert to full price on the next scheduled draft.

0-\$14,999 \_\_\_\_\_ 15,000-19,999 \_\_\_\_\_ 20,000-26,999 \_\_\_\_\_ 27,000-29,999 \_\_\_\_\_ 30,000-34,999 \_\_\_\_\_  
 35,000-39,999 \_\_\_\_\_ 40,000-44,999 \_\_\_\_\_ 45,000-49,999 \_\_\_\_\_ 50,000-54,999 \_\_\_\_\_ 55,000-59,999 \_\_\_\_\_  
 60,000-64,999 \_\_\_\_\_ 65,000-84,999 \_\_\_\_\_ 85,000-99,999 \_\_\_\_\_ 100,000-124,999 \_\_\_\_\_ 125,000 + \_\_\_\_\_

Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Miss \_\_\_\_\_ Ms. \_\_\_\_\_ Judge \_\_\_\_\_ Dr. \_\_\_\_\_ Cancer Survivor \_\_\_\_\_ Yes \_\_\_\_\_ NO Jr. \_\_\_\_\_  
 \_\_\_\_\_ Sr. \_\_\_\_\_  
 \_\_\_\_\_ I \_\_\_\_\_  
 \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ II \_\_\_\_\_  
 \_\_\_\_\_ III \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Business / School \_\_\_\_\_ Birth Date \_\_\_\_\_ age \_\_\_\_\_ M or F \_\_\_\_\_

Email \_\_\_\_\_ Type of Membership \_\_\_\_\_

I have received a copy of the YMCA of Greater Syracuse member handbook which includes the member's code of conduct.

Applicant Signature x \_\_\_\_\_

### 2nd Head of Household's Information

Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Miss \_\_\_\_\_ Ms. \_\_\_\_\_ Judge \_\_\_\_\_ Dr. \_\_\_\_\_ Cancer Survivor \_\_\_\_\_ Yes \_\_\_\_\_ NO Jr. \_\_\_\_\_  
 \_\_\_\_\_ Sr. \_\_\_\_\_  
 \_\_\_\_\_ I \_\_\_\_\_  
 \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ II \_\_\_\_\_  
 \_\_\_\_\_ M or F \_\_\_\_\_  
 \_\_\_\_\_ Business / School \_\_\_\_\_ Birth Date \_\_\_\_\_

### Dependants Under 26 Years of Age:

Cancer Survivor

First	M.I.	Last	D.O.B.	M or F	Yes	NO
First	M.I.	Last	D.O.B.	M or F	Yes	NO
First	M.I.	Last	D.O.B.	M or F	Yes	NO
First	M.I.	Last	D.O.B.	M or F	Yes	NO
First	M.I.	Last	D.O.B.	M or F	Yes	NO

Staff Initials \_\_\_\_\_

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

# YMCA of Greater Syracuse, Inc.

## Downtown Branch YMCA Automatic Payment Plan Agreement

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

1. I understand that my account will be drafted once a month on the 20<sup>th</sup>.
2. If membership rates increase, my monthly draft will increase accordingly. I will be given 30 days notice of the change.
3. An imprint of the credit card/copy of voided check being drafted is required to obtain the exact account number.
4. If participating in Membership For All, I agree to provide proof of income within 5 days of joining or my membership fee will revert to full price upon the next scheduled draft. I have the right to show proof of income to return to my Membership For All price, but I am unable to receive any refund on the drafted fee amount that is above my Membership For All fee.
5. The monthly draft continues until I terminate this agreement. **To terminate membership, I must personally return or mail my membership card(s) to the YMCA Membership Director, Downtown Branch YMCA, 340 Montgomery Street, Syracuse, NY 13210. The process of canceling a membership takes 15 days; therefore, I understand that I must submit written notice of cancellation prior to the 5<sup>th</sup> of the month. If I fail to notify the YMCA before the 5<sup>th</sup> of the month, I will be required to pay for the month. I will be given temporary cards in for the remainder of my membership in exchange for my permanent membership card(s).**
6. If my credit card company declines two consecutive drafts, my membership will be terminated and I will not be eligible for the Automatic Payment Plan for a period of one year.
7. The joining fee and any balance due are required to activate my membership after being terminated.
8. I have read the above, received a copy of this agreement, and agree to the terms outlined.

\_\_\_\_\_  
Signature

### AUTHORIZATION

I hereby give authority to the YMCA of Greater Syracuse, Inc. to charge the account listed below for membership payments. It is my understanding that the monthly debits will be deducted on approximately the 20<sup>th</sup> of each month and will continue until I discontinue my membership. Should any preauthorized charge not be honored by the credit card company, then it is understood that payment is to be made to the YMCA by myself in the amount of said debit plus a \$10.00 charge. It is my understanding that the YMCA will notify me of any membership rate increase thirty (30) days prior to taking effect.

Signature of person authorized on account \_\_\_\_\_

### Credit Card Information

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_  
Account# \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

### Checking Account Information

Name of Bank \_\_\_\_\_ Route & Transit # \_\_\_\_\_  
Account# \_\_\_\_\_

For office use only

Amount of down payment \_\_\_\_\_

Monthly debit \_\_\_\_\_

Staff \_\_\_\_\_

Billing Members FundTime ID #:

**YOUR MONTHLY DRAFT WILL BEGIN THE 20<sup>TH</sup> OF NEXT MONTH**

**Please attach a copy of the credit card/voided check**

**RELEASE AND WAIVER OF LIABILITY  
AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities and equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will, inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES AND EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands thereon on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

\_\_\_\_\_  
Signature of Applicant/Parent

\_\_\_\_\_  
Signature of Applicant/Parent

Staff-print applicants' names
_____
_____

Date _____	
Name of Child _____	DOB _____
Name of Child _____	DOB _____
Name of Child _____	DOB _____
Name of Child _____	DOB _____
Name of Child _____	DOB _____

