



# SHEBOYGAN COUNTY YMCA MEMBERSHIP APPLICATION

Original Application  Membership Change

**ADULTS AGE 18+ MUST PRESENT DRIVER'S LICENSE OR PHOTO ID.**

### PLEASE PRINT CLEARLY

→ **Full Legal Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_  
 Email \_\_\_\_\_ WEB Registration Password (10 digit max) \_\_\_\_\_

### → **Ethnic Background (\*EB):**

Requested in compliance with Affirmative Action Policy. Information is voluntary.

- A Asian  I Hawaiian/Pacific Islander  2 2 or More Races  
 B Black or African American  N Native American/Alaskan Native  O Other  
 H Hispanic or Latino  W White/Caucasian

### → **For Preschool thru High School Memberships, please complete the following:**

School \_\_\_\_\_ Grade \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

### → **For Family Memberships, please complete the following:**

Spouse's Full Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ \*EB \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Cell # \_\_\_\_\_

### → **Children's Information**

Full Legal Name	Birth Date	M/F	School	Grade	*EB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### → **Does anyone have a medical condition/allergy we should be aware of?** Yes No

Name \_\_\_\_\_ Condition or Allergy \_\_\_\_\_  
 Name \_\_\_\_\_ Condition or Allergy \_\_\_\_\_  
 Name \_\_\_\_\_ Condition or Allergy \_\_\_\_\_

### → **In case of emergency, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

### → **Has anyone listed on this application ever been convicted of a felony?** Yes No

If yes, please list name(s) \_\_\_\_\_

If this membership application is falsified in any way, we reserve the right to deny or cancel the membership. **Membership fees are non-refundable.** They may in most instances be transferred to another YMCA. I understand the Sheboygan County YMCA maintains insurance to cover its legal liability. It does not carry accident or health insurance to cover users in the instance of accident or injury.

→ **Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## AUTHORIZATION FOR AUTOMATIC DEDUCTION FROM: CHECKING ACCOUNT, SAVINGS ACCOUNT, CREDIT/DEBIT CARD

I, whether one or more, hereby authorize the Bank designated below (the "Bank") to charge my account, designated below **on the 20<sup>th</sup> day of each month**, commencing on the first of such days to occur after the date of this Authorization and transmit to the Sheboygan County YMCA. The monthly amount of the membership fee is subject to change at any time with sufficient written notice (30 days) to me by the Sheboygan County YMCA.

This authority will remain in effect until **revoked by me in writing prior to the 10<sup>th</sup> of the month in which I request cancellation of the membership**. I acknowledge that such notification will not be in effect until the Sheboygan County YMCA has had a reasonable opportunity to act on it. It is my responsibility to check my bank statements. It is my responsibility to notify the Y within 30 days of any problems or discrepancies.

**CHECKING OR SAVINGS ACCOUNT**

Please check the box to indicate the bank where your checking or savings account is maintained.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Associated Bank | <input type="checkbox"/> Kohler Credit Union         | <input type="checkbox"/> U S Bank                 |
| <input type="checkbox"/> BMO Harris      | <input type="checkbox"/> Oostburg State Bank         | <input type="checkbox"/> Wells Fargo              |
| <input type="checkbox"/> Guaranty Bank   | <input type="checkbox"/> Sheboygan Area Credit Union | <input type="checkbox"/> Wisconsin Bank and Trust |
| <input type="checkbox"/> Johnson Bank    | <input type="checkbox"/> United One Credit Union     | <input type="checkbox"/> Other _____              |

Deduction Amount \$ \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Checking Account # \_\_\_\_\_  Savings Account # \_\_\_\_\_

**CREDIT OR DEBIT CARD**

Deduction Amount \$ \_\_\_\_\_ Credit or Debit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SHEBOYGAN COUNTY YMCA MEMBERSHIP RATES

- A \$50.00 joiner fee is required for Adult, Family and Couples Memberships.
- Ala carte items are based on availability.

**Monthly Membership Fee**

- |  |         |
|--|---------|
| <input type="checkbox"/> Preschool thru Age 6      | \$14.00 |
| <input type="checkbox"/> Grade/Middle School       | \$17.00 |
| <input type="checkbox"/> High School               | \$20.00 |
| <input type="checkbox"/> Young Adult, Ages 18 - 24 | \$32.00 |
| <input type="checkbox"/> Adult                     | \$37.00 |
| <input type="checkbox"/> Senior Adult, Age 65+     | \$32.00 |
| <input type="checkbox"/> Family                    | \$67.00 |
| <input type="checkbox"/> Couples Only              | \$57.00 |

**Ala Carte Items at the Sheboygan YMCA**

- |  |             |         |
|--|-------------|---------|
| <input type="checkbox"/> Long Locker                   | women       | \$10.00 |
| <input type="checkbox"/> Half Locker                   | women       | \$6.00  |
| <input type="checkbox"/> 3-Foot Locker                 | men         | \$6.00  |
| <input type="checkbox"/> Towel Service                 | 2 per visit | \$7.00  |
| <input type="checkbox"/> Specialty Fitness Monthly Fee |             | \$12.00 |

**Ala Carte Items at the Sheboygan Falls YMCA**

- |  |             |         |
|--|-------------|---------|
| <input type="checkbox"/> Half Locker                   |             | \$5.00  |
| <input type="checkbox"/> Long Locker                   |             | \$6.00  |
| <input type="checkbox"/> Towel Service                 | 2 per visit | \$7.00  |
| <input type="checkbox"/> Specialty Fitness Monthly Fee |             | \$12.00 |

**Pay your membership fees in full for one year to receive a 5% discount off the total annual fee.**

When in the course of normal events or circumstances beyond our control, it is necessary to close sections of or the whole facility for cleaning, repairs, weather conditions or an emergency, a membership extension or refund is not granted.