



MEMBERSHIP ENROLLMENT FORM

TYPE OF MEMBERSHIP: Please choose one.

- Youth (4-17 years)
 Young Adult (18-25 years)
 Adult (26-61 years) _____
 Senior (62 years & older)
 Senior Couple
 Family (Plan _____)
 Employee (Dept. _____)
 Corporate (Company: _____)

PRIMARY MEMBER: This person is responsible for payments and will receive correspondence from the YMCA.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell/Work Telephone Number: _____

Email address: _____ (We do not distribute or sell email addresses)

Age: _____ Date of Birth: ____/____/____ Gender: Male Female Marital Status: Single Married

ADDITIONAL MEMBERS: For couple, family or youth memberships only.

Last Name	First Name	Middle Initial	Date of Birth	Gender	Relationship to Primary Member

EMERGENCY CONTACT: For individual membership holders, please list a family member or friend we may contact in case of an emergency. For all couple and family membership holders, the primary member will default as the emergency contact.

Name: _____ Telephone Number(s): _____ Relationship to Member: _____

PAYMENT METHOD: Please choose one.

- Payment in Advance for 3 months 6 months 12 months
 Payroll Deduction; Name of Company: _____

Monthly EFT/Bank Draft from a checking or savings account (attach a copy of a voided check)
 Routing Number: _____ Account Number: _____

Monthly Credit/Debit Card payment (a copy of your card and photo identification is required)
 Type of card: Visa MasterCard Account Number: _____ Expiration Date: ____/____/____

PAYMENT AUTHORIZATION: Please read and **initial** each item and sign and date the bottom.

_____ I authorize my financial institution to honor drafts drawn by the Butte Family YMCA on my account. Drafts from my account will be deducted on the 5th of each month. The amount drafted will be the current amount due on my account.

_____ I understand that EFT/bank drafts to the Butte Family YMCA are administered by E-Cash Flow. I understand that any non-sufficient draft will be charged a \$30 fee by E-Cash Flow and is non-refundable. If E-Cash Flow is unable to collect dues from my account after 20 days, it is my responsibility to make payment to the Butte Family YMCA for all fees due, including any fees not covered by my financial institution.

_____ Should any draft, through monthly EFT/bank drafts or credit/debit cards not be honored by my financial institution, I understand that it is my responsibility to make payment for all fees due, including any fees not covered by my financial institution.

_____ I understand that I will be notified in writing of any monthly rate changes that are approved by the Butte Family YMCA Board of Directors during the course of my membership. I understand that all down payments are non-refundable.

Primary Adult's Signature: _____ Date: ____/____/____

(The back of this application lists other important information about your membership; please turn over and complete.)

CHANGES/CANCELTION OF MEMBERSHIP: Please read and initial that you agree to the following statement.

_____ I understand I must give the Butte Family YMCA written notice by the LAST DAY of the month (the 20th of the month for payroll deduction) to make changes to my account or to cancel my membership for the following month. I understand my dues are continuous and automatically renewed regardless of the method used to pay my dues.

WAIVERS: Please read and sign the following waivers. Each adult on the membership must sign this section and list any minor child(ren) on the membership for whom they are responsible.

The Butte Family YMCA provides many recreational activities to the public. Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise. I, the undersigned, do understand that upon using the Butte Family YMCA facilities and/or programs and/or services that I hereby assume all risks for the behavior, actions, and safety of myself, my minor child(ren) while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. I also understand that I can be denied access to the Butte Family YMCA if my account is not current. I understand that to enter the Butte Family YMCA on each visit I will need to bring my membership card. While on the premises of the Butte Family YMCA facility or enrolled in any Butte Family YMCA programs, I agree to act with Caring, Honesty, Respect and Responsibility.

Primary Adult's Name: _____ Signature: _____ Date: ____/____/____
Second Adult's Name: _____ Signature: _____ Date: ____/____/____
Name(s) of Minor Child(ren) I am responsible for: _____

I hereby grant the Butte Family YMCA, its legal representatives and assigns, those for whom the Butte Family YMCA is acting with their authority and permission, the absolute right and permission to copyright and use, reuse, publish, and re-publish photographic portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, from time to time, in conjunction with my own or a fictitious name or reproductions thereof in color or otherwise made through any media at their offices or elsewhere for art, advertising, trade, social media or any other purposes whatsoever. I also consent to the use of any printed matter in conjunction therewith. I hereby release, discharge, and agree to save harmless the Butte Family YMCA, its legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof even though it may subject me to ridicule, scandal, reproach, scorn and indignity. I state further that I have read the above authorization, release, and agreement prior to its execution and that I am fully familiar with the contents thereof.

Primary Adult's Name: _____ Signature: _____ Date: ____/____/____
Second Adult's Name: _____ Signature: _____ Date: ____/____/____
Name(s) of Minor Child(ren) I am responsible for: _____

ADDITIONAL INFORMATION: Please read and initial the following item.

_____ I understand that all members are checked against the Montana Sexual and Violent Offender Registry and may be denied membership at the Butte Family YMCA.

OFFICE USE ONLY

Join Date: ____/____/____ Membership #: _____ Date Entered in Daxko: ____/____/____

Financial Assistance: No Yes; type: _____

Sexual/Violent Offender Registry Checked: Not on Registry On Registry; send to Membership Director Staff Initials: _____