

WELCOME TO THE Y

PRIMARY MEMBER INFORMATION (ADULT 18 YRS+)

NAME (TITLE - Mr., Ms., Mrs.)	FIRST	MIDDLE	LAST	SUFFIX (Sr., Jr., II, III)
HOME STREET ADDRESS / PO BOX	APT. #	CITY	STATE	ZIP
(INCLUDE AREA CODES) HOME PHONE ()	WORK PHONE ()	CELL PHONE ()		
PREFERRED EMAIL ADDRESS	DATE OF BIRTH (MONTH/DAY/YEAR)	GENDER	__ MALE __ FEMALE	
RACE (CHECK ONE) OPTIONAL __ AFRICAN AMER. __ ASIAN __ CAUCASIAN __ HISPANIC / LATINO __ NATIVE AMER. OTHER _____				
EMPLOYER NAME	YOUR POSITION			

SECONDARY ADULT INFORMATION (ADULT 18+ AT SAME ADDRESS ON DRIVERS LICENSE)

NAME (TITLE - Mr., Ms., Mrs.)	FIRST	MIDDLE	LAST	SUFFIX (Sr., Jr., II, III)
(INCLUDE AREA CODES) HOME PHONE ()	WORK PHONE ()	CELL PHONE ()		
PREFERRED EMAIL ADDRESS	DATE OF BIRTH (MONTH/DAY/YEAR)	GENDER	__ MALE __ FEMALE	
RACE (CHECK ONE) OPTIONAL __ AFRICAN AMER. __ ASIAN __ CAUCASIAN __ HISPANIC / LATINO __ NATIVE AMER. OTHER _____				
EMPLOYER NAME	YOUR POSITION			

EMERGENCY CONTACT (ADULT NOT LISTED ON MEMBERSHIP)

NAME (FIRST, MI, LAST)	RELATIONSHIP	
(INCLUDE AREA CODES) HOME PHONE	WORK PHONE	CELL PHONE

CHILDREN

FIRST NAME	M.I.	LAST NAME (if different)	BIRTHDATE	GENDER	CHILDREN LIVE WITH:



IMPORTANT INFORMATION

MEDICAL INFORMATION AND FOR WHOM:

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MEMBERSHIP DRAFT INFORMATION

Name of Bank Customer/Credit Card Holder as it appears on the card			
First Name	Middle Initial/Name	Last Name	Suffix (Jr., II, III)
Billing Address (if different than mailing address)			PO Box or Apt. #
City	State	Zip	Phone
Type of Membership	Draft Amount	Draft Date: <input type="checkbox"/> 1 st or <input type="checkbox"/> 15 th Begin Date:	Billing Method <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT
Electronic Fund Transfer Info (use voided check)	Routing Number	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Credit Card Information	Card Number	Expiration Date	Security Code
I would like to round up my membership/make a monthly gift to the Annual Fund. <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, I would like my monthly gift to be in the amount of: <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> other _____			
<p>To the YMCA of Indiana County (herein referred to as the Y): I have given my authority to the above named bank/credit card company to honor preauthorized draft drawn by the Y on my account for the activity payment indicated above. It is understood that the Y's transmission of a preauthorized draft to the payment as payment becomes due and shall constitute valid notice of payment due on the above named facility. When the bank/credit card company honors the draft by changing my account, such draft shall constitute my receipt of payment. Should any preauthorized draft not be honored by said bank/credit card company when received by them, then it is understood that the payment will be represented electronically and that I will be charged a \$30 processing fee.</p> <p>Electronic Fund Transfer/Credit Card Charge for membership is a continuous plan. I understand that the membership payment will remain in effect until I initiate its termination by giving the Y a 30 day written notice. There will be "one more draft". I understand that I must turn in all membership cards up on termination.</p>			
Signature of Participant and Date		Signature of Parent (if under 18) and Date	

FINANCIAL ASSISTANCE AVAILABLE

At the YMCA of Indiana County, every individual seeking a YMCA experience is afforded one, regardless of ability to pay. Every dollar you contribute goes towards giving YMCA experience to families, kids, and individuals who couldn't otherwise afford them. Give if you can. Ask for help if you need it. To apply for financial assistance, you must complete a financial assistance application (available upon request) and submit any necessary paperwork.

When you give, this is what happens:

- 8 year old Bianca has no place to go when her family has nowhere to live or when her mom finds a job and needs childcare. She has an opportunity to see her sisters in day camp and can enjoy time with her friends. She learns to swim, goes on field trips and gets to be a child. Bianca gets a chance!
- The Y offers FREE membership to all 7th graders that live in Indiana County and all middle schoolers (6th – 8th graders) that attend Indiana Area School District. Currently more than 90 children are utilizing the Y to play, learn and grow.
- Mama Dee joined the Y as a scholarship recipient. She has lost over 60 lbs., drastically reduced her medications and changed her life. Today, she takes the bus to the Y almost daily and not only has the Y become a staple in her life, she has become a staple in ours.

THE Y GIVES BACK WHAT YOU GIVE TO THE Y

