



# JOIN THE YMCA OF GREATER WAUKESHA COUNTY

- Mukwonago Y
- Southwest Y
- Tri County Y
- Waukesha Y
- West Suburban Y
- Carroll University

Membership Type \_\_\_\_\_ Add-Ons \_\_\_\_\_ Discount \_\_\_\_\_

Health Program ID# \_\_\_\_\_ Last Four Digits of Draft Account # \_\_\_\_\_

Financially Responsible Member

Female  
 Male

Primary Member Name (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

Cell  Home  Work

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

I prefer to be contacted  Daytime  Evening

Email  Mail  Phone

Email \_\_\_\_\_

My employer is a Corporate Partner

Employer or School \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**YOUTH MEMBERS ONLY** Parent/Guardian Name (First, Middle, Last) \_\_\_\_\_

Cell  Home  Work

Primary Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**How would you describe yourself?**  
(Check one)

African American/Black  Asian  
 Caucasian/White  Hispanic/Latino  
 Middle Eastern  Multi-racial  
 Native American  Other  
 Native Hawaiian/Pacific Islander

**Household Income**

\$0 - \$9,999  
 \$10,000 - \$14,999  
 \$15,000 - \$24,999  
 \$25,000 - \$36,999  
 \$37,000 - \$49,999  
 \$50,000 - \$74,999  
 \$75,000 or more

Free and Reduced Priced Lunch

**Are you or have you ever been a member of the Armed Forces?**

Yes  No

**What is the primary language spoken in the home?**

English  Spanish  Hmong  
 Other  N/A

Additional Members

Household memberships are defined as people living at the same permanent residence. Up to two (2) unrelated adults may be on one household membership. All adults must show proof of residence.

Female  
 Male

**Member Name** (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_

Email (if different from above) \_\_\_\_\_ Primary Phone \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Employer or School \_\_\_\_\_

Female  
 Male

**Member Name** (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_

Email (if different from above) \_\_\_\_\_ Primary Phone \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Employer or School \_\_\_\_\_

Female  
 Male

**Member Name** (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_

Email (if different from above) \_\_\_\_\_ Primary Phone \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Employer or School \_\_\_\_\_

Female  
 Male

**Member Name** (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_

Email (if different from above) \_\_\_\_\_ Primary Phone \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Employer or School \_\_\_\_\_

Female  
 Male

**Member Name** (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_

Email (if different from above) \_\_\_\_\_ Primary Phone \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Employer or School \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Member ID# \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

STAFF CHECK LIST  Sex Offender Screening  Y Connect Appointment  Fit Start Appointment  Member Take-Home Sheet | Staff Initial \_\_\_\_\_

**How did you hear about the Y? (Select all that apply.)**

- Direct mail
  - Drive by/Live in area
  - Email
  - Social media
  - Medical referral \_\_\_\_\_
  - Member/Former member \_\_\_\_\_
  - Friend or family member \_\_\_\_\_
  - Place of employment \_\_\_\_\_
  - Other \_\_\_\_\_
- Radio
  - TV
  - Magazine
  - Newspaper

**What interests you and your family? (Select all that apply.)**

- Aquatics
  - Board Member
  - Child Care
  - Coaching
  - Family Recreation
  - Fundraising
  - Group Exercise
  - Parent-Child Programs
  - Senior Programs
  - Other \_\_\_\_\_
- Social Activities
  - Cycling
  - Sports
  - Strength Training
  - Summer Day Camp
  - Teen Activities
  - Volunteerism

**Annual Campaign**

Financial assistance keeps the YMCA available for kids and families who need us most. We count on the generosity of our members, staff, and community to help people of all ages and from all walks of life be more healthy, confident, connected, and secure. When you give to the YMCA, your gift will have a meaningful, enduring impact right in your own neighborhood. Please consider a gift to the Annual Campaign.

- I would like to make a one-time donation of \$\_\_\_\_\_
  - Increase my monthly draft by \$\_\_\_\_\_ per month for \_\_\_\_\_ months.
  - I do not wish to contribute at this time
- Does your employer match gifts?  Yes  No

**STAFF ONLY:** Initial \_\_\_\_\_ Date \_\_\_\_\_

- \_\_\_\_\_ Initial
- I understand that all membership dues are non-refundable. Memberships paid in full are not refundable for any reason.
  - Should any payment not be honored by my bank or credit card company for any reason, I understand that I am still responsible for that payment, plus a \$10 service fee. This is in addition to any service fee my bank or credit card may charge.
  - Loyalty rate will not apply for any membership lapsed for more than thirty (30) days.
  - Cancellation Policy: Memberships must be cancelled with written notice by the 15th of the month, in order to cancel for the following month. All membership cards should be returned to the Business Office at which time temporary cards will be issued valid through the end of the termination month.
  - The YMCA reserves the right to terminate membership upon non-payment of fees.
  - The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to any such change. Annual or semi-annual membership fees will be adjusted at the time of renewal.

\_\_\_\_\_ Initial SEX OFFENDER POLICY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

\_\_\_\_\_ Initial I hereby assume all risks of injury arising out of my presence on the premises of the YMCA of Greater Waukesha County, my use of its equipment or facilities and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release, and agree to hold free from all claims and damages the YMCA of Greater Waukesha County and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA. I am physically capable of participating in such programs, and agree not to participate in activities that may injure myself or others.

\_\_\_\_\_ Initial I hereby irrevocably release, consent, and allow the YMCA of Greater Waukesha County and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without any expectation of any reimbursement in connection with its use.

\_\_\_\_\_ Initial I understand that I will not take any type of photo, video, or electronic data of members, program participants, or other at any time. Conduct detrimental to the association and/or in disregard of Y member policies and practices may result in suspension/termination of membership privileges and possible litigation.

\_\_\_\_\_ Initial CODE OF CONDUCT: As primary member, I understand I'm responsible for all the members on this membership and guests. Everyone using the YMCA is expected to behave in a mature and responsible way and to respect the rights and dignity of others. The YMCA insists that individuals using the facility demonstrate caring, honest, respectful, and responsible behavior. We do not permit profane language or actions that can hurt or frighten another person. Any inappropriate behavior may result, at the sole discretion of the Branch, in supervision or termination of membership.

\_\_\_\_\_ Initial I understand that the YMCA may cancel my membership based on draft declines, unpaid past due balances, violation of the YMCA Code of Conduct, the Sex Offender Policy, violation of policies/procedures of the YMCA, or any other cause.

\_\_\_\_\_ Initial The YMCA respects members' rights to privacy. The Y makes their full privacy policy available online at [gwcymca.org](http://gwcymca.org) and I am acknowledging that I have the ability to access this policy at any time should I have any concerns

\_\_\_\_\_ Initial Medicare Supplement Program Members Only: In order to maintain accurate records, any Medicare Supplement Program membership that is inactive for 180 days will be terminated. To reactivate a Medicare Supplement Program membership, updated information will be required.

\_\_\_\_\_ Initial Corporate Memberships: I understand that as part of the Corporate Membership Program I receive a special membership rate that is contingent on my active status with my employer. I also understand that if I'm no longer employed with the company offering this plan, my rate will change to the current membership rate.

Signature required to receive membership cards.

**Signature of Financially Responsible Member** \_\_\_\_\_ **Date** \_\_\_\_\_

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