



We build strong kids, strong families, strong communities.

YMCA OF THE EAST BAY 2330 Broadway Oakland, CA 94612

- Camp Arroyo Camp Loma Mar Camp Ravencliff Downtown Oakland
- Eden Fremont/Newark Hilltop Tri-Valley US-Eastlake
- US-M.RB US-Teen Center West Contra Costa

NAME (primary adult)	PREFIX	FIRST	INITIAL	LAST	SUFFIX
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OTHERS	DATE OF BIRTH ____/____/____	GENDER [] MALE [] FEMALE	Preferred contact information [] Home [] Business
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The YMCA encourages all members to become volunteers and offers opportunities for all to be involved in different areas and programs available. Please check areas you may be interested to volunteer.

MAILING ADDRESS	STREET		APT. #
	CITY	STATE	ZIP

HOME PHONE	()
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OTHERS	Cell Phone ()	Home Email
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EMPLOYER	COMPANY NAME			ETHNIC ORIGIN: (optional) <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latin American <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Others	
	POSITION / TITLE				
	STREET ADDRESS				
	CITY	STATE	ZIP		
	BUSINESS PHONE ()		FAX PHONE ()		

- ADULT PROGRAMS _____
- AEROBICS _____
- CAMP _____
- CHILDWATCH _____
- COMMUNITY PROGRAMS _____
- FACILITY ATTENDANTS _____
- FRONT DESK / TOURS _____
- OFFICE ASSISTANT _____
- SENIOR PROGRAMS _____
- SPECIAL EVENTS _____
- SWIM / AQUATICS _____
- YOUTH SPORTS _____

- Please contact me about YMCA volunteer opportunities and fundraising events.
- Please send me the YMCA's monthly e-newsletter.

ADDITIONAL MEMBERS (LIVING IN SAME HOUSEHOLD)

FIRST NAME (2 ND ADULT ONLY)	INITIAL	LAST NAME (IF DIFFERENT)	DATE OF BIRTH ____/____/____	GENDER [] MALE [] FEMALE
EMPLOYER	POSITION / TITLE		BUSINESS PHONE ()	ETHNIC ORIGIN [] Black - African American [] White [] Hispanic - Latin American [] American Indian
			EMAIL:	[] Asian - Pacific Islander

FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH ____/____/____	GENDER [] MALE [] FEMALE
FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH ____/____/____	GENDER [] MALE [] FEMALE
FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH ____/____/____	GENDER [] MALE [] FEMALE
FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH ____/____/____	GENDER [] MALE [] FEMALE

EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE ()
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FOR OFFICE USE ONLY

MEMBERSHIP TYPE: <input type="checkbox"/> REGULAR <input type="checkbox"/> ADULT SINGLE <input type="checkbox"/> INSURANCE CLAIM <input type="checkbox"/> COUPLE / FAMILY <input type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> SENIOR SINGLE <input type="checkbox"/> BAY AREA WIDE <input type="checkbox"/> SR CPL / SR FAMILY <input type="checkbox"/> PROGRAM <input type="checkbox"/> TEEN <input type="checkbox"/> STAFF <input type="checkbox"/> YOUTH	MEMBERSHIP ADD-ONS: <input type="checkbox"/> TEENS 13 Y/O - 18 Y/O X _____ <input type="checkbox"/> YOUTH 6 Y/O - 12 Y/O X _____ <input type="checkbox"/> THIRD ADULT 18-23 Y/O X _____ <input type="checkbox"/> LOCKER 1 # _____ X _____ <input type="checkbox"/> LOCKER 2 # _____ X _____	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AM EXPRESS Amount Paid w/ Application: \$ _____ ENROLLED BY: _____ DATE: _____ Member #: _____
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MEMBERSHIP AGREEMENT

YMCA of the East Bay 2330 Broadway Oakland, CA 94612-2496

I understand that the YMCA of the East Bay assumes no responsibilities for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities or programs. I hereby release and discharge the YMCA of the East Bay, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities.

I understand that the YMCA of the East Bay is not responsible for any personal property lost or stolen while I use the YMCA facilities. It has been recommended to not bring valuables with me to the YMCA.

I give my permission to the YMCA of the East Bay to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my image or voice for purposes of promotion or interpreting YMCA programs.

I understand that it is my responsibility to acquire and read the membership manual (available at the front desk) and abide by the rules, regulations and facility/program timings listed in the manual or any amended flyers/postings. I understand that class schedules, facility hours and program timings are subject to change and my membership dues are not refundable and cannot be prorated based on the occurrence of such changes.

_____ (initials) **To terminate my membership, I understand that I must submit cancellation notice either in person or by certified mail 30 days prior to my electronic bank draft or 30 days before my annual expiration. Until the YMCA is in receipt of written notice, I am responsible for monthly membership dues. I also understand that I must relinquish my membership card at the time of termination. Please initial that you have read this paragraph.**

_____ (initials) **I understand that in the unlikely event that my bank draft or check is returned or not honored by my bank, eCashFlow Systems will re-submit my check or bank draft electronically (up to two or three times) and the full amount of the original check or draft will be withdrawn from my account. In addition, I understand that eCashFlow Systems will assess and collect a processing fee of \$25.00, an amount allowed by law. The check writer may also be responsible for all other recovery costs, including attorney's fees and taxes. Please initial that you have read this paragraph.**

All members are required to present a valid membership card for identification when using YMCA facilities and programs. Membership privileges and cards are non-transferable, remain the property of the YMCA and must be returned upon request.

My signature signifies that I have read, understand, and accept the membership agreement listed above.

Member's Signature

Date

Parent's/Guardian's Signature (if minor)

BANK / CREDIT CARD DRAFT AUTHORIZATION

ACCOUNT TYPE: [] Checking [] Savings [] VISA [] MasterCard [] American Express

I authorize my bank / credit card provider to honor pre-authorized drafts drawn by the YMCA on my account for membership payments and/or contribution. I understand a **voided check** must be attached to my application to draft from a checking account / copy of the top portion of my bank statement to draft from a savings account / or presentation of my MasterCard or VISA to draft from a Credit Card.

1. It is my understanding that YMCA membership by bank/credit card draft is continuous. **If I wish to terminate my membership, I understand that I must submit cancellation notice in person or by certified mail 30 days prior to my electronic bank draft or 30 days before my annual expiration date.** Until the YMCA is in receipt of this written notice, I am responsible for monthly membership dues. I also understand that I must relinquish my membership card at the time of termination.
2. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. The YMCA will provide notification 30 days before the increase takes effect.
3. Should any membership draft not be honored by my bank or credit card provider for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA for each returned draft. This is in addition to any service fee charged by my bank. Should my draft not be honored on my regular draft date, I understand that the YMCA will draft my account again at the next draft date for the amount due including service charges. Draft dates are scheduled on the 1st and the 15th of each month. The YMCA assumes no responsibility for bank charges related to over-drafts or other inconveniences caused by monthly drafts.

Signature of Depositor (as appears on account)

Date

[] 1st of the month [] 15th of the month

Date of monthly draft

Billing Address of Account Holder (address, city, state, zip) if different from mailing address

Bank Name

Route/Transit Number

Account Number

Bank Address

Expiration Date (if using credit card)