

# SENIOR ADVANTAGE MEMBERSHIP APPLICATION



The Dow Bay Area Family YMCA is truly here for ALL. We are proud to offer our Senior Members (65+ years old) a valuable YMCA membership option. Senior Members are eligible to receive a monthly discount and a \$0 Joining Fee if qualified. There are many benefits to joining our YMCA as a Senior, including:

**Full access to all group exercise classes, including senior specific:**

- Active Older Adults
- Enhance Fitness
- Mastering Mobility
- Tai Chi for Health

**Full access to all aquatic exercise classes, including senior specific:**

- Adapted Aquatics Exercise
- Senior Splash
- Waterworks

- Senior Luncheons (requires a small additional fee)
- Senior only parking spots
- Sauna and steam room use
- Fitness Assessment
- Free holds so you have flexibility

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

✓ Check category for which you are applying:

<input type="checkbox"/>	Senior
<input type="checkbox"/>	Senior Household*

\*A household is defined by one or two adults and their dependents living in the same household. Dependents 18 years and older must be claimed as a dependent on your current-year tax deduction or full-time college student (12 credit hours for undergraduate or 9 credit hours for graduate.) Proof is required.

## ADDITIONAL MEMBERS

Total Living in Household: \_\_\_\_\_

Second Adult/Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Other Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## EMERGENCY CONTACT

First & Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPROVED**

Yes

No

## DISCOUNT QUALIFICATION

Please provide the following documents to qualify for the membership rate discount (no originals please. Copies can be made at the front desk if necessary):

- Social Security     Retirement Pension     Other Proof of Income

Total Annual Household Income: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that Senior Advantage Membership discounts are based on need. I understand that if I falsify any of the above information, I will not be eligible for any discounts now and/or in the future.

## CHANGES TO ACCOUNT

Member Authorized To Make Changes To Account

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

## REGISTERED SEX OFFENDER POLICY

In the interest to maintain an environment that is safe for members, employees, and visitors, the Dow Bay Area Family YMCA reserves the right to prohibit access to its facilities and/or grounds to Registered Sex offenders. They 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: \_\_\_\_\_

## PURPOSE & GOALS

As a member/program participant of the Dow Bay Area Family YMCA, I agree to cooperate in the accomplishment of the YMCA's accepted purpose—to put Christian principles into practice that build healthy spirit, mind, and body for all. I recognize that YMCA programs and memberships embrace all types of members and involve identification worldwide.

INITIAL: \_\_\_\_\_

## LIABILITY

I understand that the Dow Bay Area Family YMCA assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or use of any facility equipment, or other activities organized or sponsored by the Dow Bay Area Family YMCA & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the Dow Bay Area Family YMCA, its agents, servants, and employees from any and all claims for injury, death, loss, or damage that my child or I may suffer. I understand Dow Bay Area Family YMCA is NOT responsible for personal property lost or stolen why members and/or program participants are using YMCA facilities or YMCA premises.

INITIAL: \_\_\_\_\_

## PHOTO RELEASE

I give permission to the Dow Bay Area Family YMCA and affiliates to use without limitation or obligation, photographs, film footage, tape recordings or media that may include my image or voice with purposes of promoting or intercepting YMCA programs.

INITIAL: \_\_\_\_\_

## VOLUNTEERING

Volunteers make our Financial Assistant Program possible. Would you be interested in volunteering for :

- Special events     Youth Sports     KidZone     Operations     Any

Updated 2/28/2024

## STAFF USE ONLY

APPROVED?     YES     NO

YMCA    %    YOU    %

\$ \_\_\_\_\_ PRORATE

\$ \_\_\_\_\_ MEMBERSHIP

\$ \_\_\_\_\_ LOCKER

\$ \_\_\_\_\_ TODAY'S TOTAL

PAYMENT OPTION:     ANNUAL     MONTHLY

DRAFT DATE:     5TH     20TH

PHOTO TAKEN

24/7 ACCESS:     YES     NO

STAFF INITIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

## PAYMENT OPTIONS & TERMS

My Dow Bay Area Family YMCA membership will be regarded as continuous until the time that I decide to terminate. I agree that if for any reason I wish to change the status of my membership after one year from the date of agreement, my membership must be in good standing and **I must give the YMCA written notice 14 days in advance of my monthly payment due.**

**I am responsible for payment of draft for one year from date of agreement.** I understand that the Dow Bay Area Family YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 14 days advance written notice. I also understand that the YMCA will take necessary steps to collect my membership fees if necessary, including potentially sending my account to collection.

CREDIT/DEBIT CARD

CARD TYPE:  DISCOVER  MASTERCARD  VISA

CARD NUMBER: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

CHECKING  SAVINGS

BANK: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PREPAID ANNUAL MEMBERSHIP **RENEWAL DATE:** \_\_\_\_\_

MONTHLY PAYMENT (Bank changes may take up to 14 days)

**Please circle your draft date: 5th 20th**

I hereby authorize the Dow Bay Area Family YMCA to debit my account indicated above. I understand the debit will be initiated on the due date shown below. The authority is to remain in effect for one year from the date of this agreement. The Dow Bay Area Family YMCA will continue debiting my account on a month-by-month basis. **If I wish to discontinue my membership after one year, then the Dow Bay Area Family YMCA must receive 14 days written notification before my next draft date. Should my bank for any reason, no honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA.** This in addition to any fees or penalties I may incur by my bank or financial institution. I understand that this is my responsibility to notify the YMCA in writing should I change financial institutions, get a new credit card, and/or make changes to my account at any time.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STAFF INITIAL:** \_\_\_\_\_