



DeVos-Blum Family
YMCA of Boynton Beach
 9600 South Military Trail
 Boynton Beach, FL 33436

Peter Blum Family
YMCA of Boca Raton
 6631 Palmetto Circle South
 Boca Raton, FL 33433

YMCA @ 901
 901 Peninsula Corp. Circle
 Boca Raton, FL 33487

(Office Use Only)
 Mbr Type: _____
 Mbr #: _____
 Date: _____

Membership Application

Name _____ Phone _____ Bdate ____/____/____

Address _____ City _____ ST _____ Zip _____

Sex M F Martial Status Single Married Email _____

Occupation _____ Employer _____

Employer Address _____ Phone _____

Emergency Contact: Name _____ Phone _____ Relation _____

SPOUSE INFORMATION

Name _____ Phone _____ Bdate ____/____/____

Address _____ City _____ ST _____ Zip _____

Sex M F Email _____

Occupation _____ Employer _____

Employer Address _____ Phone _____

Child(ren)'s Information First Name	Last Name	Gender	Date of Birth	School Attending

* Must be IRS dependent in order to be on family membership. (Proof may be required.)

Personal Information	OFFICE USE ONLY																	
The YMCA uses this information when seeking grants and contributions. This information is considered confidential and is not reported on an individual basis.	MEMBERSHIP TYPE _____ INITIATION FEE _____ PRORATED MONTH _____ TOTAL PAID _____ NOTES: _____ _____ _____																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Race</th> <th style="text-align: left;">Annual Household Income</th> </tr> </thead> <tbody> <tr> <td>White/Caucasian</td> <td>Less than \$20,000</td> </tr> <tr> <td>Asian</td> <td>\$20,000 — \$29,000</td> </tr> <tr> <td>Native American</td> <td>\$30,000 — \$39,000</td> </tr> <tr> <td>Hispanic</td> <td>\$40,000 — \$49,000</td> </tr> <tr> <td>African American</td> <td>\$50,000 — \$59,000</td> </tr> <tr> <td>Other _____</td> <td>\$60,000 — \$69,000</td> </tr> <tr> <td></td> <td>\$70,000 — \$79,000</td> </tr> <tr> <td></td> <td>More than \$80,000</td> </tr> </tbody> </table>		Race	Annual Household Income	White/Caucasian	Less than \$20,000	Asian	\$20,000 — \$29,000	Native American	\$30,000 — \$39,000	Hispanic	\$40,000 — \$49,000	African American	\$50,000 — \$59,000	Other _____	\$60,000 — \$69,000		\$70,000 — \$79,000	
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Conditions of Membership

WAIVER: I understand that even when every reasonable precaution is taken, accidents can and sometimes happen. Therefore, in exchange for the YMCA allowing me, my child or other family members to participate in YMCA activities, I understand, and expressly acknowledge, that when I, my child or other family members attend the YMCA of South Palm Beach County, Inc. facilities or programs, or when using any equipment located on or off the YMCA premises, we do so at our own risk. I release the YMCA and its staff members, its directors, officers and agent from all liability for any injury, loss or damage connected in any what whatsoever to participation in YMCA activities, whether on or off the YMCA's premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, officers, members, agents, representatives and guests.

I have read this form and grant permission for my child to participate in all activities provided by the YMCA. I authorize the staff of the YMCA of South Palm Beach County Inc., or appropriate medical personnel, to administer emergency medical treatment to me, my child or other family members. I also understand that I am solely responsible for all costs incurred as a result of such treatment. I have read and am voluntarily signing this authorization and release.

ACCEPTANCE: I acknowledge the Waiver set forth above and, being in sympathy with the Mission Statement of the YMCA, hereby apply for membership. I acknowledge annual members are **Non-Refundable** and **Non-Transferable**.

 SIGNATURE OF PARTICIPANT DATE SIGNATURE OF PARENT/GUARDIAN DATE

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

BANK DRAFT AUTHORIZATION

I authorize the bank to honor pre-authorized drafts drawn by the YMCA for membership payments and/or contributions. **It is understood that my bank draft membership will be continuous until 30 days after written notification has been received by the YMCA of South Palm Beach County, Inc.** _____ When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus service charge. If I wish to change or cancel my membership, I agree to submit a written notice and my membership card by the 15th of the month to the YMCA where my membership was purchased. My bank draft will be changed or stopped by the next draft date. Failure to do so will result in that month's draft being non-refundable. A voided check is required with all bank draft applications.

SELECT DRAFT PAYMENT METHOD

CREDIT CARD VISA MASTERCARD AMEX NOTE: _____ _____	_____ CARD NAME _____ BANKCARD NUMBER _____ EXPIRATION	CHECKING ACCOUNT _____ ROUTE/TRANSACTION NUMBER _____ ACCOUNT NUMBER <i>A voided check is required.</i>
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 SIGNATURE OF PARTICIPANT DATE SIGNATURE OF PARENT/GUARDIAN DATE

Please notify the YMCA of South Palm Beach County, Inc., if any changes occur in the above information.