



Cambridge Area YMCA Family Center Application for Facility Membership

1301 Clairmont Ave Cambridge, OH 43725
740-432-4600

WHO WE ARE: The Cambridge Area YMCA Family Center has proudly been serving the Guernsey County area since 1948. We are an organization open to all. Everyone is welcome to apply regardless of race, age, gender, sexual orientation, national origin, economic, level, or disability. Our programs and our staff are committed to demonstrating the Y core values for which we stand: *CARING, HONESTY, RESPECT, RESPONSIBILITY, AND FAITH*. The Y provides a variety of programs and services designed to help you *strengthen your spirit, sharpen your mind, and build your body*. Personal training, childcare, yoga, group exercise classes, weight management, youth sports, and swim lessons are just a part of what you will find at your local YMCA. As a community-based charitable and collaborative organization that is volunteer-driven, the YMCA derives its strength from its community roots and strong volunteers. To provide an atmosphere that is inclusive to all, the YMCA enforces a Code of Ethics. Financial assistance is available. The YMCA's Financial Assistance Program provides subsidized rates on a sliding income-based scale modeled on an Ohio Job and Family Services paradigm. Please ask for a Financial Assistance Application.

MEMBERSHIP TYPE					
Circle Membership Type: Monthly Quarterly Semi-annual Annual (cash or check options) Corporate Circle Membership Billing Method: EFT Credit Card (all monthly, quarterly, and semi-annual dues require automatic draft) Circle Membership Category: Youth Two Sibling Youth Young Adult Adult Family Single Parent Family Senior Senior Family					
PRIMARY ADULT					o Check ID
Legal First Name	M. I.	Legal Last Name	Date of Birth		Gender M or F
Home Address City				State	Zip code
Home Phone	Cell Phone	Email Address		Marital Status M / S / D	
Employer Name		Emergency Contact Name		Emergency Contact Phone Number	
Have you been a YMCA member before? Circle one: Yes No		Set Up Recurring Monthly Charitable Donation (Invest in Youth Campaign) Circle one: \$1.00 \$5.00 \$10.00 Other _____			OR One-Time Donation Amount: _____
SECONDARY ADULT					o Check ID
Legal First Name	M.I.	Legal Last Name	Date of Birth		Gender M or F
Home Address City				State	Zip Code
Home Phone	Cell Phone	Email Address		Marital Status M / S / D	
Employer Name		Emergency Contact Name		Emergency Contact Phone Number	
DEPENDENTS UNDER 18 YEARS OF AGE (25 IF FULL-TIME STUDENT LIVING AT HOME)					
Legal First Name	M.I.	Legal Last Name	Gender	Date of Birth	

OFFICE USE Initial Payment: Visa/MasterCard/Discover _____ <div style="text-align: right; margin-right: 50px;">Last 4 digits</div> Check # _____ Cash _____ Other _____ Amount Paid with Application _____

TERMS AND CONDITIONS	
1.	A YMCA membership is understood to be a lifelong commitment to health and wellness; therefore, my membership will remain in effect until I terminate my membership in writing.
2.	I understand that when I wish to terminate my membership, I must give the YMCA a 30 day written notice and turn in ALL membership cards.
3.	The YMCA Board may, at it's discretion, adjust the monthly rate applicable to my membership category once per year.
4.	The CIF is a one-time fee as long as I remain an active member of the Y. I understand that if I terminate my membership and wish to rejoin the Y, the CIF will be accessed when reactivating.
_____ MEMBER NAME	
_____ MEMBER INITIALS	