



# **RIVER VALLEY REGIONAL YMCA**

## **Membership Application**

\*Referring members receive one free month of membership! Please provide that member's information below so we can thank them.

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

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

\*Corporate Partner: YES NO If yes, company name \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Member # \_\_\_\_\_

Branch \_\_\_\_\_

### Membership Application

#### PRIMARY MEMBER INFORMATION

Membership Type (Circle One): Family    Single Parent Family    Adult    College    Youth

Term/Payment Option (Circle One): Annual (One Payment)    Monthly Bank Draft    Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ Marital Status \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_

Gender  Male  Female    Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Contact Phone (\_\_\_\_) \_\_\_\_\_

#### SECOND ADULT MEMBER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Gender  Male  Female    Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

#### DEPENDENT INFORMATION

First Name	M.I	Last Name (if different)	Birth Date	Gender
_____	_____	_____	____/____/____	Male    Female
_____	_____	_____	____/____/____	Male    Female
_____	_____	_____	____/____/____	Male    Female
_____	_____	_____	____/____/____	Male    Female

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

#### WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for use of the YMCA facilities and participation in YMCA programs, I understand that the RVR YMCA assumes no responsibility for injuries or illnesses which I (or my dependents) may sustain as a result of my physical condition or resulting from participation in any activities, sports program, and the use of any equipment or exercises. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the RVR YMCA, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from my participation in these activities. I understand that RVR YMCA scans all members and guests via Raptor, so that registered sex offenders do not have access to the YMCA facilities. I understand that the RVR YMCA is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

\_\_\_\_\_  
Signature of Primary Member  
Parent or Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Second Adult Member

\_\_\_\_\_  
Date

**HOW DID YOU HEAR ABOUT THE Y?**

- RADIO     EMAIL     NEWSPAPER     MEMBER
- FRIEND     CORPORATE     MAILING     WEBSITE
- FLYER     INSURANCE     EVENT
- SOCIAL MEDIA     MEDICAL REFERRAL
- FREE GUEST PASS     DRIVE-BY

**Are you interested in Volunteering?**

Yes     No

**Areas of Volunteer Interest**

- Community Projects
- Fundraising
- Y- Events
- Advisory Council Member
- Coaching

**Are you interested in making a donation to the Y?**

Yes     No

**Areas of Interest**

- Group Exercise     Strength Training     Community Project     Child watch     Community Events
- Family Programs     Teen Programs     Social Activities     Aquatics

**BANK DRAFT / EFT ACTIVITY AUTHORIZATION**

Monthly Draft Date will occur on the 1<sup>st</sup> day of each month. Name on Account/Card: \_\_\_\_\_

EFT BANK DRAFT

Checking Account     Savings Account

Bank Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

\*MUST provide Voided Check or Statement from your financial institution with the information

CREDIT CARD DRAFT

MASTERCARD     DISCOVER     VISA

Address \_\_\_\_\_

CC Account Number xxxx-xxxx-xxxx- \_\_\_\_\_

Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

TO RVR YMCA (herein referred to as the Y) I have given my authority to the above named bank/credit card company to honor preauthorized drafts drawn by the Y on my account for the activity payments indicated above. It is understood that the Y's transmission of a preauthorized draft to the bank as payment becomes due and shall constitute valid notice of such payment due on the above named activity. When the bank/ credit card company honors the draft by charging my account, such draft shall constitute my receipt of the payment. Should any preauthorized draft not be honored by said bank/ credit card company when received by them, it is understood that the payment is to be made by me within 15 days in the amount of said payment plus a service fee of \$25 applied by the Y. The Y is contracted with E-Cash flow who will withhold \$30 each attempt for any returned EFT/ACH transaction, in addition to the service fee applied by the Y. Bank Draft/ Electronic Fund Transfer (EFT) for membership is a continuous plan. I understand that membership payment will remain in effect until I initiate its termination by submitting a 30 day written notice of termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bank Draft/ EFT Membership**

1. I further understand that all account information changes must be given to the Y with 30 days written notice in advance of the date I want the change to occur.
2. The RVR YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least thirty (30) days' notice prior to any such changes.
3. The Y service charge is in addition to any service fee my bank may take. I understand that the draft may be resubmitted to my bank at the next available Y draft date to collect for that draft payment.
4. A check must be presented if you are signing up and your dues will be coming out of your checking account.
5. I understand that after one unpaid draft, the Y will immediately terminate my membership until I have brought all payments up to date.

INITIAL \_\_\_\_\_

**Bank Draft/ EFT Cancellation Policy**

After the first 90 days of Bank Draft/ EFT for membership, you may appear in person to cancel the remainder of your bank draft/ EFT agreement at any time by giving the Y written notice 30 days in advance of the date you want to cancel. All fees paid for membership, including joining fees are non-refundable. If termination of your bank draft/ EFT agreement also ends your membership activity, you must complete a membership termination form.

INITIAL \_\_\_\_\_

**Check Payments**

I understand that all payments made as a check may be converted to an ACH transaction.

INITIAL \_\_\_\_\_

**Picture Waiver**

I gave my permission to the RVR YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting or interpreting Y programs.

INITIAL \_\_\_\_\_

**Membership Handbook**

I understand that the RVR YMCA Member Handbook is available on RVRYMCA.org and I agree that I and those on my membership account will follow the policies and procedures outlined in the handbook, including the Y's policies on denying membership to registered sex offenders.

INITIAL \_\_\_\_\_

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

\_\_\_\_\_  
Signature of Member or Parent/ Guardian (if under 18)

\_\_\_\_\_  
Date

**River Valley Regional YMCA**

[www.rvrymca.org](http://www.rvrymca.org)

**Bradford County**  
9 College Avenue  
Towanda, PA  
18848  
570-268-9622

**Jersey Shore**  
826 Allegheny Street  
Jersey Shore, PA  
17740  
570-398-2150

**Eastern Lycoming**  
50 Fitness Drive  
Muncy, PA  
17756  
570-546-8822

**Tioga County**  
40 Besanceney Drive  
Mansfield, PA  
16933  
570-662-2999

**Lock Haven**  
145 E Water Street  
Lock Haven, PA  
17745  
570-748-6727

**Williamsport**  
641 Walnut Street  
Williamsport, PA  
17701  
570-323-7134