



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO THE Y

Application for Membership YMCA OF SOUTH HAMPTON ROADS

Because our mission is to put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all, financial assistance is available to those in need, thanks to generous donations to our annual giving campaign.



MEMBERSHIP INFORMATION

- Inactive Participant** – This membership type will provide the information necessary to create a YMCA account so that you can register for programs available for nonmembers.
- Individual** – One individual, 13 years of age and older. Members 13–17 years old must have a parent/guardian on the membership as the primary inactive member. The parent or guardian must sign the membership agreement if the active member is under 18.
- Adult+1** – Two people living in the same household at the same address. The YMCA of South Hampton Roads has the right to confirm Adult+1 membership status eligibility.
- Family** – Adults, dependent children currently claimed on their income tax statements, and any relatives living in the same household at the same address up to a maximum of three adults over the age of 26. A \$15/month membership fee will apply for each adult beyond the first three. The YMCA of South Hampton Roads has the right to confirm family membership status eligibility.
- Add GIVE 4** – I believe in the work that the Y does for our community and will help ensure that everyone can participate with my tax-deductible gift of \$4 per month. Donation will occur monthly and may be cancelled at any time by the member with written notice. (Initial)
- Add First Tee of Hampton Roads** – Unlimited family golf at our Virginia Beach junior golf course (\$20/month)
- Add REGYMEN Fitness** – Unlimited interval-style heart-rate monitored group personal training workouts (\$59/month for 1 or \$88/month for 2)
- I am active duty military. If checked, which branch? _____

PRIMARY ADULT

E-Mail (We need this information to provide you with online access to your membership account and other YMCA services.)					
First Name		Middle Initial	Last Name		Date
Gender	Date of Birth		Race (for nonprofit reporting purposes) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Mailing Address				Marital Status	
City	State	Zip	Home Phone	Cell Phone	
Employer			Company Address		
City	State	Zip	Business Phone		
Emergency Contact Name			Emergency Contact Phone		

SECOND ADULT

First Name		Middle Initial	Last Name		Cell Phone
Gender	Date of Birth		Race (for nonprofit reporting purposes) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Employer			Company Address		
City	State	Zip	Business Phone	E-Mail	

DEPENDENTS/ADDITIONAL HOUSEHOLD MEMBERS

First Name	Last Name	Date of Birth	Age	Gender	Race†	Email Address (for members over age 18)
First Name	Last Name	Date of Birth	Age	Gender	Race†	Email Address (for members over age 18)
First Name	Last Name	Date of Birth	Age	Gender	Race†	Email Address (for members over age 18)
First Name	Last Name	Date of Birth	Age	Gender	Race†	Email Address (for members over age 18)
First Name	Last Name	Date of Birth	Age	Gender	Race†	Email Address (for members over age 18)
First Name	Last Name	Date of Birth	Age	Gender	Race†	Email Address (for members over age 18)

MEMBERSHIP AGREEMENT Members only

YMCA membership is a continuous membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me. I further understand that membership dues are nonrefundable. Membership cards are the property of the YMCA and must be surrendered upon demand. All membership records, files, notes, paper and data are the property of the YMCA of South Hampton Roads.

I understand that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice to stop my monthly draft. I am encouraged to request and retain a change/cancellation receipt for any transactions that affect payment status or cancellation of draft on my account. The YMCA also recommends that members review their bank/credit statements monthly for accuracy.

_____ (Initial)

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues).

_____ (Initial)

The joining fee is a one-time fee as long as I remain an active member of the YMCA of South Hampton Roads. If I choose to cancel or discontinue my membership for more than 30 days, a joining fee will be charged when I reapply for membership.

I acknowledge the membership agreement set forth above, and understanding the mission of the YMCA of South Hampton Roads, hereby apply for membership.
 Note: Parent or guardian must sign if applicant is under 18 years of age.

I understand that I must provide the Y with contact information changes (address, phone, email) as they occur. I may also request a copy of the member action form indicating any changes made to my membership.

I understand that outside personal training is not allowed, and that the Y offers personal training programs one-on-one, with partner or in small groups.

I authorize the Y to send occasional emails about programs, news and discounts (we promise not to abuse that privilege). I understand that the Y will keep my email address private and will never sell/give out my email address. I also understand that I may opt out at any time by clicking "Unsubscribe" at the bottom of any email message or by contacting Member Services.

I understand that the YMCA has the sole authority to terminate any membership with or without notice to ensure the safety and comfort of the general membership. The YMCA reserves the right to review any application and request additional documentation, at any time, to ensure the accuracy of information and compliance to YMCA of South Hampton Roads membership standards and policies. The YMCA also has the right to request additional documentation. The YMCA further reserves the right to review any membership application and deny membership to any member who may pose a potential threat to the security and/or safety of other members.

I have received the YMCA New Member Guide that communicates all benefits of a YMCA membership. I further understand that YMCA management has the authority to amend policies and procedures at any time to ensure the delivery of the highest possible services to the general membership.

Signature _____ Date _____

Signature _____ Date _____

WAIVER **Members and Inactive Participants**

I am an adult over 18 years of age and wish to participate in YMCA of South Hampton Roads membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in YMCA of South Hampton Roads activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree

to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of South Hampton Roads, its staff, directors, members and guests. I have read, understand, and am voluntarily signing this authorization and release.

I understand that the YMCA of South Hampton Roads is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA of South Hampton Roads to use without limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting YMCA programs.

I acknowledge and agree to the waiver set forth above. Note: Parent or guardian must sign if applicant is under 18 years of age.

Signature _____ Date _____

PAYMENT AUTHORIZATION FOR YMCA SERVICES & PRODUCTS **Members and Inactive Participants**

The YMCA of South Hampton Roads is authorized to charge my account for payments for membership, programs, contributions or any other services provided or products purchased from the YMCA. I authorize my bank or credit card issuer (as indicated below) to honor payments from my account to the YMCA of South Hampton Roads. When the bank honors the payment by charging my account, such transfer will constitute notice of payment due and my receipt for the payment.

Some banks and credit card issuers automatically provide the YMCA with updated account information in the event an account number is changed, a credit card is reissued, or a credit card expiration date is extended. The YMCA may continue to charge the updated bank account/credit card account until it receives written notice from me to cancel my payment (in accordance with the instructions above).

I choose to make my payments via checking account or savings account (automatic direct charge to bank account).

I choose to make my payments via credit card (automatic direct charge to credit card).

Should any authorized payment submitted to my bank or credit card issuer be returned by the bank or credit card issuer as unpaid on the due date, I understand that I must make the payment due, plus the amount of the posted returned payment fee. The YMCA, at its discretion, may resubmit the amount due to my bank or credit card issuer as long as it remains unpaid by me.

Signature _____ Date _____

WHICH YMCA WOULD YOU LIKE AS YOUR HOME LOCATION?

CHESAPEAKE

- Great Bridge/Hickory Family YMCA**
633 S. Battlefield Boulevard
Chesapeake, VA 23322
P (757) 546-9622
- Greenbrier Family YMCA**
1033 Greenbrier Parkway
Chesapeake, VA 23320
P (757) 547-9622
- Greenbrier North YMCA**
Wellness & Racquetball Center
2100 Old Greenbrier Road
Chesapeake, VA 23320
P (757) 366-9622
- Taylor Bend Family YMCA**
4626 Taylor Road
Chesapeake, VA 23321
P (757) 638-9622
- YMCA at Edinburg**
1933 Edwin Drive, Suite 101
Chesapeake, VA 23322
P (757) 204-7320

EASTERN SHORE

- Eastern Shore Family YMCA**
26164 Lankford Highway
Onley, VA 23418
P (757) 787-5601

FRANKLIN

- James L. Camp, Jr. Family YMCA**
300 Crescent Drive
Franklin, VA 23851
P (757) 562-3491

NORFOLK

- Blocker Norfolk Family YMCA**
312 West Bute Street
Norfolk, VA 23510
P (757) 622-9622
- Dominion Tower YMCA**
999 Waterside Drive, 4th Floor
Norfolk, VA 23510
P (757) 627-4124
- YMCA on Granby**
2901 Granby Street
Norfolk, VA 23504
P (757) 965-2322

NORTH CAROLINA

- Albemarle Family YMCA**
1240 N. Road Street
Elizabeth City, NC 27909
P (252) 334-9622
- Currituck Family YMCA**
130 Community Way
Barco, NC 27917
P (252) 453-9632
- Outer Banks Family YMCA**
3000 South Croatan Highway
Nags Head, NC 27959
P (252) 449-8897

PORTSMOUTH

- Effingham Street Family YMCA**
1013 Effingham Street
Portsmouth, VA 23704
P (757) 399-5511
- YMCA of Portsmouth**
4900 High Street W.
Portsmouth, VA 23703
P (757) 483-9622

SOUTH BOSTON

- YMCA of South Boston/
Halifax County**
650 Hamilton Boulevard
South Boston, VA 24592
P (434) 573-8909

SUFFOLK

- Suffolk Family YMCA**
2769 Godwin Boulevard
Suffolk, VA 23434
P (757) 934-9622

VIRGINIA BEACH

- Hilltop Family YMCA**
1536 Laskin Road
Virginia Beach, VA 23451
P (757) 422-3805
- Indian River Family YMCA**
5660 Indian River Road
Virginia Beach, VA 23464
P (757) 366-0488
- Mt. Trashmore Family YMCA**
4441 South Boulevard
Virginia Beach, VA 23452
P (757) 456-9622
- Princess Anne Family YMCA**
2121 Landstown Road
Virginia Beach, VA 23456
P (757) 410-9557

For Office Use Only

Membership Number	Membership Type <input type="checkbox"/> 1A - Individual <input type="checkbox"/> 3A - Ctr. Corp. Individual <input type="checkbox"/> 5A - Insurance Individual <input type="checkbox"/> 1B - Adult+1 <input type="checkbox"/> 3B - Ctr. Corp. Adult+1 <input type="checkbox"/> 5B - Insurance Adult+1 <input type="checkbox"/> 1C - Family <input type="checkbox"/> 3C - Ctr. Corp. Family <input type="checkbox"/> 5C - Insurance Family <input type="checkbox"/> 2A - Open Doors Individual <input type="checkbox"/> 4A - Metro Corp. Individual <input type="checkbox"/> 2B - Open Doors Adult+1 <input type="checkbox"/> 4B - Metro Corp. Adult+1 <input type="checkbox"/> 2C - Open Doors Family <input type="checkbox"/> 4C - Metro Corp. Family	Billing Method	Payment Method	Draft Date:
		<input type="checkbox"/> EFT <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	15th 28th (circle one)
Barcode #	Expiration Date	Receipt #		
\$ Monthly Dues \$ Add-Ons \$ Contribution \$ Total				
If monthly amount is less than standard rate, please explain why				