

## Payment Authorization Agreement

### Automatic Bank Draft

\_\_\_\_\_ I understand that if my bank draft is declined for any reason in a given month, there will be a \$30 service fee  
Member \_\_\_\_\_ in addition to the monthly membership fee. This must be taken care of within 10 days to avoid  
Initials \_\_\_\_\_ termination of membership. **If terminated there will be a \$25 reinstatement fee.**

- Checking – Copy of Check Required (bank deposit slips DO NOT provide the appropriate data needed for an EFT.)  
 Saving – Please obtain appropriate routing/account data from bank as savings as savings deposit slips DO NOT provide the appropriate data needed for an EFT.

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Member Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Debit/Credit Card

\_\_\_\_\_ I understand that there will be an added convenience fee for credit card drafts. Convenience Fee: \_\_\_\_\_  
Member \_\_\_\_\_ If my credit card is declined for any reason in a given month, there will be a \$30 service fee  
Initials \_\_\_\_\_ in addition to the monthly membership fee. This must be taken care of within 10 days to avoid  
termination of membership. **If terminated there will be a \$25 reinstatement fee.**

I hereby authorize the Bedford Area Family YMCA to initiate an Electronic Fund Transfer (EFT) from my:  
 Visa  Master Card  Discover

Name of Card Holder: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_  
Member Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Annual Giving Campaign

Charitable contributions from our community enable us to open our doors and hearts to all those in need. Our promise to our community is that everyone has access to the incredible programs and services that the Y has to offer regardless of their ability to pay. You can help make this a possibility for someone less fortunate.

I hereby authorize an additional \$\_\_\_\_\_ to be deducted each month to help provide financial assistance to those in need.

Member Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**PLEASE NOTE:** The Bedford Area Family YMCA is a 501(c) 3 organization, and all donations are tax deductible.

## Release of Liability

In consideration of gaining membership or being allowed to participate in the activities and programs of the Bedford Area Family YMCA and to use its facilities, equipment, and machinery and in addition to the payment of any fee or charge, I do hereby agree to save protect defend and hold the Bedford Area Family YMCA harmless for any and all liability including reasonable attorney's fees for any damage to my property resulting from my membership and participation in programs and activities located on the property of or sponsored by the Bedford Area Family YMCA including Covid-19.

Member Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Y Staff Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## For Office Use Only

Payment Method:  Credit/Debit Card Draft  Bank Draft  Cash/Check Join Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership Term:  Monthly Draft  Annual  Semi-Annual  Quarterly

### Membership Type

Adult  Senior Adult  Household  Couple  
 Young Adult  Youth  Employee  Other

### Options

Financial Assistance (\_\_\_\_%)  Gift Certificate  
 Household Add-on (\$\_\_\_\_)  Convenience Fee(\$\_\_\_\_)  
 Centra Adult  Centra Household  Other Discount (\$\_\_\_\_)  
additional notes: \_\_\_\_\_

Application Fee: \$\_\_\_\_\_ List other here \_\_\_\_\_ Maintenance Fee: \$\_\_\_\_\_ Amount Paid: \$\_\_\_\_\_

First Draft/Invoice Will Begin: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Membership Application

### Notice:

Any person who supports the purpose and mission of the Y may become a member of this corporation in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and provided they remain current with dues and are compliant with all Y rules, regulations, and guest obligations, whereupon the membership could be terminated.

### If member applicant is under 18, parent/legal guardian must sign and initial application.

(Please print clearly)

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

Suffix: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F  U

Ethnicity/ Race:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say  
 Caucasian/White  Native American  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*All Memberships are assessed a \$20 Maintenance fee on June 1<sup>st</sup> of each year. Memberships joining after June 1<sup>st</sup> will pay a prorated amount. \*\***

### How will you be paying for your membership?

- Auto Draft 1<sup>st</sup> of the month  
 Auto Draft 3<sup>rd</sup> of the month  
 Invoiced Quarterly (additional fees)  
 Invoiced Semi-Annual (additional fees)  
 Invoiced Annual

Invoiced memberships are prorated to the 1<sup>st</sup> of the following month and paid in full at time of sign up.

### What type of membership are you applying for?

Prices are for monthly drafts with EFT. Credit/debit cards, quarterly, and semi-annual invoice fees are additional

- Household (2 adults and dependents up to 23 in same household) - \$75  
 Couple (must be in same household) - \$67  
 Senior Adult (ages 65 and up) - \$42  
 Adult (ages 24 - 64) - \$45  
 Young Adult (ages 19-23) - \$32  
 Youth (ages 18 and below) - \$21  
 Centra Health and Wellness Program: Adult - \$12 / Family - \$15  
 Discount \_\_\_\_\_

**New Members under 18 MUST sign up for a free fitness orientation, but ALL are recommended. Would you like to schedule your orientation now?**  YES  NO

## Spouse / Parent / Guardian (if youth membership)

### Verification of Address and Dependent Status Is Required

(Please print clearly)

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

Suffix: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F  U

Ethnicity/ Race:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say  
 Caucasian/White  Native American  Other: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

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

Last Name

First Name

## Additional Members

**1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  U

Ethnicity/  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say

Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  U

Ethnicity/  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say

Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**3** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  U

Ethnicity/  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say

Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**4** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  U

Ethnicity/  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say

Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

## Sworn Statement or Affirmation

1. Has applicant or any person listed on this application, ever been charged with, pled guilty to, entered a no contest plea to, had a matter taken under advisement, or been convicted of a violent crime against another person or a felony?  **YES**  **NO** If yes, provide the following and supporting documentation: (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
  - a. State, Community, City where charge filed
  - b. Date of disposition
  - c. Court of disposition
  - d. Court's disposition of such charges
2. Has applicant or any person listed on this application, ever been charged with, pled guilty to, entered a no contest plea to, had a matter taken under advisement, or been convicted of any charge involving sexual assault or abuse?  **YES**  **NO** If yes, provide the following and supporting documentation: (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
3. Is the applicant or any person listed on this application, a registered sex offender in any jurisdiction within or outside of the United States of America?  **YES**  **NO** If yes, please see question 1 for supporting documentation needed. (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
4. Has the applicant or any person listed on this application, ever been a registered sex offender?  **YES**  **NO** If yes, please see question 1 for supporting documentation needed. (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
5. Has the applicant or any person listed on this application, ever been the subject of a founded complaint of child abuse or neglect or elder abuse or neglect?  **YES**  **NO** If yes, provide DSS Sworn Statement as well as supporting documentation found on question 1 (your application and documentation will be reviewed by our Board of Directors for determination on membership status)

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class 1 misdemeanor. The 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.

\_\_\_\_\_  
Guest Signature (Parent/Legal Guardian if under 18)

\_\_\_\_\_  
Date

## Code of Conduct

1. The Bedford Area Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at all times when they are in our facility or on our property or participating in our programs
2. We expect persons using the Bedford Area Family YMCA to behave in a mature and responsible manner, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct
3. Prohibited actions specifically include but are not limited to:
  - Angry or vulgar language; includes swearing, name-calling or shouting
  - Inappropriate attire. Appropriate attire must be worn at all times. Proper attire is clothing that covers the midsection and chest, with no vulgar messages, and no sandals, open-toed shoes, or boots
  - Physical contact with another person in any angry or threatening manner or any unwanted contact
  - Any demonstration of sexual activity or sexual contact with another person
  - Harassment or intimidation by words, gestures, body language or any menacing behavior
  - Theft or behavior that results in the loss or destruction of property
  - Carrying or concealing any weapons or devices or objects that may be used as weapons
  - Using or possessing illegal substances or alcohol on Bedford Area Family YMCA property
  - Any other conduct of any inappropriate, threatening, or offensive nature
4. Loitering is not permitted in or outside of the Bedford Area Family YMCA facility
5. Smoking, vaping, drugs, and alcohol are not permitted in or outside of the Bedford Area Family YMCA. The Bedford Area Family YMCA and its property is a smoke-free, drug-free, and alcohol-free environment
6. Members and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their safety or comfort to refrain from such conduct. If a member or guest feels uncomfortable in confronting the person directly, they should report the behavior to Y staff. Members and guests should not hesitate to notify Y staff if assistance is needed
7. In order to be able to carry out these policies, members and guests are required to identify themselves to Y staff and/or Y Board members when asked

The Executive Director will investigate all reported incidents. Suspension or termination of Y membership privileges may result from a determination by the Executive Director, and/or Board of Directors, if in their discretion a violation of the Bedford Area Family YMCA Code of Conduct or other established YMCA rules, has occurred. I have read, understand, and agree to comply with the Bedford Area Family YMCA Code of Conduct, all other established YMCA rules, and the policies.

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

## Terms and Conditions

\_\_\_\_\_  
Member Initials

I understand that this is an on-going membership payment plan. I understand that if I wish to terminate my membership for any reason, I may do so by giving the Bedford Area Family YMCA a written **30-day notice**. This includes invoiced memberships.

\_\_\_\_\_  
Member Initials

I understand that all membership fees that are paid are non-refundable and non-transferable. Memberships are paid by monthly draft, quarterly, semi-annually, or annually. I understand that because of the increased expense, a \$3 per month fee will be added to the **quarterly and semi-annual** billing options.

\_\_\_\_\_  
Member Initials

I understand that if I cancel my membership for any reason, I can rejoin the Y at any time provided I was a member in good standing at the time of cancellation and otherwise meet all membership criteria. There will be a \$25 reinstatement fee each time I reinstate my membership

\_\_\_\_\_  
Member Initials

I understand the Y recommends a doctor's approval to exercise if I or any participating household member is experiencing any medical conditions or using any medications.

\_\_\_\_\_  
Member Initials

I give my permission to the Y to use photographs, video, or recordings, which may include my image or voice for of promoting Y programs or activities. Note: we do use video cameras in the facility and on the grounds.

\_\_\_\_\_  
Member Initials

I understand that in the event, I or any member of my household cause damage to the Y property, facility, or equipment by reason of misuse, abuse, or willful act, I shall be responsible for the cost of repair or replacement.

\_\_\_\_\_  
Member Initials

I understand that any member who is directed to leave the YMCA real property or facility for violation of the Code of Conduct, other facility rules or for any other justified reason and refuses to leave shall be deemed to be trespassing.

\_\_\_\_\_  
Members Initials

I The Bedford Area Family YMCA Board of Directors may, at its discretions, adjust rules and regulations as well as adjust the monthly rate applicable to my category of membership. I understand that I will receive notice at least three (3) weeks prior to any such rate change and in the event of an increase in my monthly fee, I have the opportunity to terminate this agreement at that time.

## Fitness & Weight Room

A FitPath Orientation is recommended for all who use our Fitness Center but **REQUIRED** for all persons under the age of 18 in order to be in the Fitness Center.

\_\_\_\_\_  
Member Initials

I am declining the recommended FitPath orientation for the Fitness Center. Members under 18 do not have this option.

\_\_\_\_\_  
Member Initials

I am declining the recommended FitPath orientation for the Free Weight Room. Members under 18 do not have this option.