



COLE CENTER FAMILY YMCA

Membership Application

CC Initials: _____

First Name: _____

Last Name: _____

Name: _____ Date of Birth: _____ M/F

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

Emergency Contact: _____ Phone Number: _____

Family Members:

Name: _____ Date of Birth: _____ M/F

Name: _____ Date of Birth: _____ M/F

Name: _____ Date of Birth: _____ M/F

Name: _____ Date of Birth: _____ M/F

Name: _____ Date of Birth: _____ M/F

Name: _____ Date of Birth: _____ M/F

Name: _____ Date of Birth: _____ M/F

Name: _____ Date of Birth: _____ M/F

By applying for membership, I understand that all names listed on the application will be cross-referenced with the Indiana Sex & Violent Offender Registry; thus, anyone that appears on the registry will be denied a membership. Furthermore, I hereby release any and all rights for injuries and damages I may have against the Cole Center Family YMCA. I understand that I should consult my physician before beginning this, or any exercise program, as there is always a risk of injury with physical activity. I also understand that any misuse of equipment or inappropriate behavior, as deemed so by the Cole Y staff, could result in suspension of my privileges at the Cole Center Family YMCA.

Signature: _____ Date: _____

(see reverse side)

Office Use Only: CC Initials: _____ Date: _____

Membership Type (Please circle one of the following; +1 equals adult add-on): Youth Adult
Single Parent Single Parent+1 Single Parent+2 Single Parent+3 Single Parent+4
Family Family+1 Family+2 Family+3 Family+4 Senior Citizen Senior Family

-In order for children to be included for free on family or single parent memberships, they must be legal dependents who are younger than eighteen years old or who are enrolled in high school. Once the legal dependent turns eighteen and no longer attends high school, he or she must be added on as an extra adult in order to continue using the facility, unless the legal dependent provides verification of being a full time student (12 credit hours or more).

-Any adult who is not married and wants to be included as an adult add-on to a Cole Center Family YMCA membership needs to provide proof of his or her address (example: Driver's License, piece of addressed mail).

Membership Payment Plan (Please check one of the following):

*Membership Fees are NOT refundable.

_____ Annual

_____ Semi-Annual

_____ Monthly Bank Draft (if checked, please fill out the following Authorization Agreement):

Cole Center Family YMCA Bank Draft Authorization Agreement

Account Name(s): _____ Last 4 Digits of SSN#: _____

I hereby authorize the Cole Center Family YMCA, hereinafter called COMPANY, to initiate debit entries to my (our) ___ CHECKING ___ SAVINGS (please select one) indicated below and the depository named below, hereinafter called BANK.

Bank Name: _____

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until COMPANY has received WRITTEN notification from me (or either of us) of its termination. Termination must be received by no later than the LAST DAY OF THE MONTH to stop the draft for the following month. Should any debit not be honored by said bank when received by them, then it is understood that the payment is to be made by me (us) to the COMPANY in the amount of said payment and a \$20.00 return fee.

Signature: _____ Date: _____

*The Cole Center Family YMCA requires a document that verifies the bank account information; please provide this document to the courtesy counter staff when applying for your membership.

_____ Payroll Deduction (please specify): _____

_____ Silver Sneakers

_____ Employee

_____ AWAY Member

_____ Participant

Cole Center Family YMCA

700 S. Garden St. · P.O. Box 233 · Kendallville, IN 46755 · 260-347-YMCA

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

