STEVENS POINT AREA YMCA
Membership & Usage Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Applicant ❑ Membership ❑ Day Pass/ Guest Pass ❑ Nationwide Visitor Home YMCA:_____ Member ID # _____

FIRST NAME	M.I.	LAST NAME		
ADDRESS Apt.#	CITY		STATE	ZIP
DATE OF BIRTH	GENDER	RACE/ETHNICITY		
PHONE	EMAIL			
EMPLOYER				
EMERGENCY CONTACT		EMERGENCY CONTACT PHONE		
IF YOUTH: PARENT NAME		PARENT DATE OF BIRTH		

Optional Services: ❑$5 24-7 Access (additional form) For which members:

All fees are per person, per month

❑ $10 Additional Adult (more than 2)

❑ $13 Locker for overnight use

Opportunity to Give: Y FOR ALL Annual Campaign One-Time Donation: ❑ $1 ❑ $5 ❑ $10 ❑ $20 ❑ Other $

Opportunity to Give: Y FOR ALL Annual Campaign Recurring Monthly Donation: ❑ $1 ❑ $5 ❑ $10 ❑ $20 ❑ Other $

*Payments are taken from same billing infromation as membership Duration:_____months

When you give to the Y, you support critical programs and services for children, seniors and families. With your support, everyone belongs.

Spouse / Adult Household Member*

FIRST NAME	M.I.	LAST NAME
DATE OF BIRTH	GENDER	RACE
PHONE	EMAIL	
EMPLOYER		

Additional Family / Household Members* Dependents Living at Home

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	

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DATE OF BIRTH	AGE	RACE	

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DATE OF BIRTH	AGE	RACE	

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	

Membership Type

- ❑ Household*
- ❑ Single Parent Household
- ❑ Senior – Household*
- ❑ Double Adult
- ❑ Senior Ages 60+
- ❑ Adult Ages 25+
- ❑ Young Adult Ages 18–24
- ❑ College with current schedule
- ❑ Youth Ages 17 & Under
- ❑ Community Partner – Household
- ❑ Insurance-Based

Day Pass Type

- ❑ Household* $18
- ❑ Adult Age 25+ $16
- ❑ Young Adult, Ages 18–24 $12
- ❑ Youth, under 17 $5
- ❑ Military/Veteran $5
- ❑ NWM (No Charge) $0
- ❑ Guest Pass (No Charge) $0

* HOUSEHOLD:
One or two adults living in the same household and any of their dependent children under the age of 25.

MEMBERSHIP POLICIES

The Y is committed to providing a positive environment that is safe and inclusive to all. All individuals using any of our facilities must conduct themselves in a manner consistent with the Y's Core Values of Caring, Honesty, Respect, and Responsibility. The Y is committed to providing programs and services that are inclusive and welcoming to all. We value an environment that fosters dignity, respect, fairness, and appreciation for everyone. Failure to do so may result in suspension or termination of membership privileges. Inappropriate behavior or conduct is unacceptable, and the Y retains the right to deny a membership or revoke a membership at its sole discretion. For the safety and well-being of all YMCA members, staff, and participants, the YMCA takes every allegation of abuse seriously and fully cooperates with authorities as needed. The actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities and programs. Other behaviors not listed below may be considered unacceptable and result in suspension or termination of membership privileges or of program participation.

- **Profanity or abusive language**
- **Inappropriate or revealing attire**
- **Tobacco use of any kind and use**
- **Being under the influence of alcohol or drugs**
- **Inappropriate or unapproved use of electronic devices or cell phones**
- **Sexually explicit conversation or behavior, any sexual contact with another person**
- **Theft and/or removal of YMCA property**
- **Carrying or concealing a weapon**
- **Criminal conduct of any type**
- **Harassment or intimidation**

The Stevens Point Area YMCA, to the extent not otherwise prohibited by applicable law, reserves the right to deny, condition, or revoke membership of any individual who:

- **(i) is arrested for, charged with, or convicted of sex offenses as that term is defined in Wis. Stat. §301.45(1d)(b);**
- **(ii) is arrested for, charged with, or convicted of other crimes inconsistent with the values of the YMCA, including crimes involving moral turpitude or bodily harm;**
- **(iii) engages in inappropriate behavior, or other misconduct on or near the property of the YMCA, including, but not limited to, profanity, abusive language, inappropriate attire, smoking, consumption of alcohol, or removal or damage of YMCA property.**
- **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.**

THE STEVENS POINT AREA YMCA TAKES A NO TOLERANCE STANCE FOR ANYONE REGISTERED AS A SEXUAL OFFENDER.

YMCA NATIONWIDE MEMBERSHIP

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Association of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claim, including loss of property, to the fullest extent of the law. It is the intent of NWM that the majority of your visits/uses occur at your primiary/home YMCA.

SIGNATURE _____ **DATE** _____

STAFF USE ONLY

- ❑ **Auto Deduction: EFT/Credit Card** _____
- ❑ **Annual Pay: Cash, Check or Credit Card** _____
- ❑ **Semi-Annual Pay: Cash, Check or Credit Card** _____
- ❑ **3rd Party Organization/Community Partner Organization:** _____
- ❑ **Discount Group:** _____
- ❑ **Insurance Benefit/Authorization:** _____

Monthly Amount	
Membership Fee	$
Optional Services	$
Annual Campaign	$
Monthly Total	$

Annual/Semi-Annual Amount	
Membership Fee	$
Optional Services	$
Annual Campaign	$
Membership Total	$

❑ **Checked and verified photo ID** ❑ **DAXKO photo taken**

Staff Initials: _____ **Date:** _____

revistion:11/20/25 ER Admin Staff:_____Date:_____

BANK DRAFT AUTHORIZATION

My YMCA membership will be regarded as continuous until the time that I decide to terminate. I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay, on at least 30 days written notice. This authorization will remain in effect until revoked by me in writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such charge. I agree that your treatment of each such charge and your rights in respect to it shall be the same as if it were signed by me and that if any such charge be dishonored, whether with or without cause, you shall be under no liabilty whatsoever even though such dishonor results in the forfeiture of my Y membership. If at anytime the amount in my account is insufficient to cover the amount to be deducted, the bank is not obligated to pay and is not responsible for these insufficient funds. Nor shall the bank be liable for any errors by the Stevens Point Area YMCA in handling the terms of this authorization. I will use an electronic funds transfer to pay for my membership and I agree that if for any reason I wish to terminate or change the status of my membership, I must give the YMCA written notice 15 days in advance of my automatic withdrawl date. The current service fee rate will be charged for any returned drafts.

SIGNATURE _____ **DATE** _____

Account Type ❑ **Checking** ❑ **Savings** ❑ **Credit/Debit Card** **Draft Date** ❑ **1st** ❑ **15th** **First Draft Date** _____

Choose one:

Bank account_____**Routing number**_____**Name on Account**_____

Or

Card # _____ **Exp Date** _____ **CVV** _____ **Name on card** _____

Billing address (if different than home): Street_____**City**_____**State**_____**Zip**_____