

# MEMBERSHIP APPLICATION

Armed Services YMCA Killeen  
254.690.YMCA  
killeen.asymca.org  
fb.me/yourasymca



\* A photo ID is required for each adult included on your membership application.

## MEMBERSHIP TYPES AND RATES

| CHECK ONE | MEMBERSHIP TYPE                                 | JOINING FEE | MONTHLY FEE |
|-----------|-------------------------------------------------|-------------|-------------|
|           | TEEN (13-17)                                    | \$35        | \$24        |
|           | ADULT (18-59)                                   | \$50        | \$42        |
|           | COLLEGE STUDENT (18-25, COLLEGE ENROLLED)       | \$35        | \$34        |
|           | COUPLES                                         | \$75        | \$69        |
|           | FAMILY (2 ADULTS LIVING AS A COUPLE + CHILDREN) | \$80        | \$74        |
|           | SINGLE PARENT FAMILY                            | \$65        | \$64        |
|           | SENIOR FAMILY                                   | \$65        | \$69        |
|           | SENIOR (60+)                                    | \$35        | \$37        |
|           | SENIOR COUPLE                                   | \$55        | \$59        |

|                                |               |                |                    |
|--------------------------------|---------------|----------------|--------------------|
| <b>ADULT 1</b>                 |               | Male or Female | DOB ____/____/____ |
| FIRST NAME:                    | MIDDLE NAME:  | LAST NAME:     |                    |
| ADDRESS:                       |               |                |                    |
| STATE:                         | ZIP:          | PHONE:         |                    |
| EMPLOYER/ UNIT/MILITARY BRANCH |               | RANK:          | VETERAN: Y / N     |
| EMAIL:                         |               |                |                    |
| EMERGENCY CONTACT:             | RELATIONSHIP: | PHONE:         |                    |

|                                |                    |                |                    |
|--------------------------------|--------------------|----------------|--------------------|
| <b>ADULT 2</b>                 |                    | Male or Female | DOB ____/____/____ |
| FIRST NAME:                    | MIDDLE NAME:       | LAST NAME:     |                    |
| EMPLOYER/ UNIT/MILITARY BRANCH |                    | RANK:          | VETERAN: Y / N     |
| EMAIL:                         |                    |                |                    |
| PHONE:                         | EMERGENCY CONTACT: | PHONE:         |                    |

| DEPENDENT CHILDREN FULL NAMES | M or F | DOB | RELATIONSHIP |
|-------------------------------|--------|-----|--------------|
|                               |        |     |              |
|                               |        |     |              |
|                               |        |     |              |
|                               |        |     |              |

### ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. Charges will be posted on the 1st of each month or the next business day thereafter. **A \$35 fee will be assessed on all returns (non-sufficient funds, declines, or otherwise). Please check the box and fill out the pertinent information for option 1 or option 2.**

☐ **OPTION 1** I choose to utilize the EFT option for monthly payment (direct debit from Checking/Savings) [VOIDED CHECK REQUIRED]

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Account Type: (circle one) CHECKING or SAVINGS

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

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

☐ **OPTION 2** I choose to utilize the Credit Card Payment option for monthly payment (auto direct charge to credit card) and I will be responsible for all return fees.

Credit Card Type (circle one) Visa MC Discover AMEX Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_

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

**\*\*The first month of membership is prorated based on the join date and due upon joining. Proper identification is required to receive any joining or membership discounts we may offer.**

## MEMBERSHIP MEDICAL HOLD POLICY INFORMATION

Medical hold request notices must be received by the 25th of the month prior to the next draft date in order to place membership on hold. Bank draft payments are for one month in advance. The ASYMCA will not refund any prepaid membership dues beyond the effective date of cancellation. Memberships may only be placed on hold for no longer than 90 days within a 12 month period and will require a doctor's note. Held memberships will be charged \$10 a month up front.

## ASSUMPTION OF RISK WAIVER AND RELEASE OF ALL CLAIMS

I RECOGNIZE AND ACKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE ACTIVITIES AND VOLUNTARILY AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that my minor child/ward or I may sustain from my and/or my minor ward/child's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the Armed Services YMCA without respect to location.

I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Armed Services YMCA, its operating centers, their respective officers, directors, Board of Managers, Trustees, members volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me from my and/or my minor ward/child's presence in upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the YMCA without respect to location.

I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur from my presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Armed Services YMCA without respect to location, and whether caused by the negligence of the Releasees or otherwise.

I UNDERSTAND THAT A NATIONAL REGISTRY SEX OFFENDER BACKGROUND CHECK IS CONDUCTED ON ALL ARMED SERVICES YMCA MEMBERS.

I AGREE THAT THE ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY shall be as broad and inclusive as permitted by the law of the State of Texas and and if any portion is held invalid, I agree that the balance, notwithstanding, shall continue in full legal force and effect.

\_\_\_\_ (Initial here) The ASYMCA Killeen Member Handbook can be viewed online, and you must comply with all member/participant policies and procedures in the member handbook.

## PHOTO AND VIDEO WAIVER

I understand that photos and or video of me as well as all individuals listed on the membership application, may be taken by the Armed Services YMCA on occasion and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any media now or hereafter developed by the Armed Services YMCA.

## CANCELLATION POLICY

\_\_\_\_ (Initial here) As a member of the Armed Services YMCA, you must cancel your membership at least 30 days prior to your next draft. Annual memberships can be cancelled at any time, however no refund will be processed. The cancellation may be made in person, by fax, postal mail, or email with receipt of confirmation. If you participate in a membership draft payment plan, the Armed Services YMCA will continue to draft until you cancel the membership as provided above. Your membership cancellation will be effective as of your next billing cycle. We cannot refund the prepaid portion of an annual membership. Cancellation of membership is not necessarily cancellation of Annual Fund deductions and vice versa.

**I ACKNOWLEDGE THE HOLD POLICY, WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT, PHOTO AND VIDEO WAIVER AND CANCELLATION POLICY TERMS AS STATED ABOVE. AS A MEMBER OF THE ARMED SERVICES YMCA ALL POLICIES, RULES AND REGULATIONS MUST BE ADHERED TO. FAILURE TO COMPLY COULD RESULT IN MEMBERSHIP TERMINATION.**

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

\_\_\_\_\_  
Date

## OPPORTUNITIES TO GIVE

The ASYMCA is a nonprofit, cause-driven organization. We count on the generosity of our members and community to help people of all ages and from all walks of life, be healthy, confident, connect, and secure - no matter their ability to afford programming. When you give to the ASYMCA, your tax-deductible gift will have a meaningful impact on the life of a family in your neighborhood.

Should you wish to donate, our Member Service representatives are happy to assist! You can also donate online at:  
[fortcavazos.asymca.org/annual-campaign](http://fortcavazos.asymca.org/annual-campaign)