



CORPORATE MEMBERSHIP APPLICATION

Ozarks Regional YMCA

Last Name

First Name

Date of Application _____

CONTACT INFORMATION

Employer _____
Your Name _____ Male Female Birthdate ____ / ____ / ____
Home Address _____ Apt # _____
City _____ State _____ Zip _____
Telephone _____ Email Address _____

Are your Children Currently Enrolled in Before and/or After School Child Care, Summer Day Camp, or Teen Program? Yes No

MEMBERSHIP TYPE

- Family (Adult couple + Kids)
- Two Adults
- Senior (individual 60 years or older)
- College Student (must be enrolled in 12+ credit hours and must provide transcript)
- Youth (child ages 5-18)
- Additional Household Adult Add On
- Single Adult + Kids
- Individual Adult
- Senior Couple (one of which is 60 years or older)

PRIMARY CENTER

- CASSVILLE YMCA
- DALLAS COUNTY AREA YMCA
- G. PEARSON WARD YMCA
- LEBANON FAMILY YMCA
- MONETT AREA YMCA
- OZARK MOUNTAIN FAMILY YMCA
- PAT JONES FAMILY YMCA
- ROY BLUNT YMCA OF BOLIVAR

BACKGROUND For statistical purposes only

Ethnic/Racial Background: Black or African American Asian Pacific Islander American Indian or Alaska Native Hispanic or Latino
 White Other _____ Annual Household Income \$ _____

FAMILY MEMBERS

Name (Last, if different)	Birth Date	Gender
1.		<input type="checkbox"/> M <input type="checkbox"/> F
2.		<input type="checkbox"/> M <input type="checkbox"/> F
3.		<input type="checkbox"/> M <input type="checkbox"/> F
4.		<input type="checkbox"/> M <input type="checkbox"/> F

Name (Last, if different)	Birth Date	Gender
5.		<input type="checkbox"/> M <input type="checkbox"/> F
6.		<input type="checkbox"/> M <input type="checkbox"/> F
7.		<input type="checkbox"/> M <input type="checkbox"/> F
8.		<input type="checkbox"/> M <input type="checkbox"/> F

Additional Household Adult Add On

Name (Last, if different)	Birth Date	Gender	Employer (if applicable)	Proof of Residency
1.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>

ANNUAL CAMPAIGN CONTRIBUTION

I, _____ would like to make a one-time contribution to the Annual Campaign in the amount of \$ _____.

LOCKER

Locker Number _____ *Lockers available by location including Ward, Jones, Bolivar and Lebanon.

MEMBERSHIP AGREEMENT

MEMBERSHIP AGREEMENT NOTE: CONTAINS A RELEASE AND WAIVER OF LIABILITY

In consideration for Ozarks Regional YMCA ("The Y") agreeing to allow me to use facilities and services of the Y, I, agree to the following:

- I am fully aware of the risks inherent in the physical activities and programs at the Y, and I agree to only engage in and only permit my family members to engage in activities and programs at the Y which are appropriate for me and my family.
- I will indemnify, defend, and hold harmless the Y and its agents, officers, employees, and volunteers for any claims against them as a result of any use of Y facilities and programs by me or my family.
- I consent to the Y using, for publicity and promotional purposes, the names and photographs of me and my children, participating in any Y program.
- The laws of the State of Missouri shall govern this Agreement. Jurisdiction and venue of any legal action regarding this Agreement shall be exclusively in the Circuit Court of Greene County, Missouri.
- If any provision of this Agreement is held to be unenforceable or void, the remaining provisions shall remain in force and effect.
- This Agreement and the Membership Application contain the entire agreement between me and the Y and is contractual and not a mere recital. The Y reserves the right to make any modifications, amendments, or waivers upon written notice.
- I have read and understand the terms and conditions of this Agreement.
- I am above the age of 18 years.

Date: ____ / ____ / ____ Sign: _____ Print: _____

FOR OFFICE USE ONLY

Group Code _____ Staff Name _____ Date Entered _____



2014-2015

**CORPORATE MEMBERSHIP
PAYROLL AUTHORIZATION FORM
Ozarks Regional YMCA**

Employee Name: _____ Employer Name: _____

Current Member: Yes No

I authorize my employer, Dallas County R-1 Schools to make the following deductions from my payroll each month for the duration of my agreement with the OZARKS REGIONAL YMCA

PLEASE MARK MEMBERSHIP TYPE

	SPRINGFIELD	OZARK MTN	LEBANON	BOLIVAR	DALLAS CO	MONETT	CASSVILLE
FAMILY	<input type="checkbox"/> \$54.40	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$45.05	<input type="checkbox"/> \$46.75	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$46.75	<input type="checkbox"/> \$42.50
SINGLE ADULT + KIDS	<input type="checkbox"/> \$49.30	<input type="checkbox"/> \$37.40	<input type="checkbox"/> \$41.65	<input type="checkbox"/> \$44.20	<input type="checkbox"/> \$39.95	<input type="checkbox"/> \$44.20	<input type="checkbox"/> \$39.95
TWO ADULTS	<input type="checkbox"/> \$49.30	<input type="checkbox"/> \$37.40	<input type="checkbox"/> \$41.65	<input type="checkbox"/> \$44.20	<input type="checkbox"/> \$39.95	<input type="checkbox"/> \$44.20	<input type="checkbox"/> \$39.95
INDIVIDUAL ADULT	<input type="checkbox"/> \$35.70	<input type="checkbox"/> \$28.90	<input type="checkbox"/> \$31.54	<input type="checkbox"/> \$33.15	<input type="checkbox"/> \$28.05	<input type="checkbox"/> \$31.45	<input type="checkbox"/> \$28.90
SENIOR	<input type="checkbox"/> \$22.95	<input type="checkbox"/> \$20.40	<input type="checkbox"/> \$22.95	<input type="checkbox"/> \$24.65	<input type="checkbox"/> \$18.70	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$20.40
SENIOR COUPLE	<input type="checkbox"/> \$38.25	<input type="checkbox"/> \$28.05	<input type="checkbox"/> \$34.00	<input type="checkbox"/> \$30.60	<input type="checkbox"/> \$25.50	<input type="checkbox"/> \$29.75	<input type="checkbox"/> \$28.05
COLLEGE STUDENT	<input type="checkbox"/> \$23.80	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$22.95	<input type="checkbox"/> \$20.40	<input type="checkbox"/> \$14.45	<input type="checkbox"/> \$15.30	<input type="checkbox"/> \$14.45
YOUTH	<input type="checkbox"/> \$17.85	<input type="checkbox"/> \$14.45	<input type="checkbox"/> \$16.15	<input type="checkbox"/> \$15.30	<input type="checkbox"/> \$14.45	<input type="checkbox"/> \$15.30	<input type="checkbox"/> \$14.45
*ADDITIONAL HH ADULT ADD ON	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$12.75
FITNESS CENTER (Ward Only)	<input type="checkbox"/> \$52.70						
FAMILY FITNESS CENTER (Ward Only)	<input type="checkbox"/> \$61.20						

*Additional HH Adult Add On only applies to Family, Two Adult, or Senior Couple memberships.

- I understand this deduction cannot be terminated without written permission from the YMCA.
- Employees must enroll directly with the Ozarks Regional YMCA in addition to filling out this payroll authorization form. Membership cancellations must be completed through Ozarks Regional YMCA.

I am authorizing my employer, Dallas County R-1 Schools to deduct my monthly fee from my paycheck by signing this form. All membership fees will be an automatic payroll deduction. My contract is directly with the YMCA and not my employer.

Please Print Name

Employee ID

Employee Signature

Date

Please fax form to 417-866-9527

Adam Murr
Corporate Membership Director
Ozarks Regional YMCA
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Springfield, MO 65806

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