



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A BETTER YOU MAKES A BETTER US

As a member of Salem
you are a part of a diverse organization of men, women and
children joined together by a shared commitment to strengthen
our community through youth development, healthy living
and social responsibility. Learn how your membership
can make us - as individuals and a community - better.
For a better you. For a better community. For a better country.

For a better us.™

SALEM FAMILY YMCA
www.theYonline.org

TOGETHER WE CAN BUILD A BETTER US

Membership Campaign
Family YMCA of Marion and Polk Counties

WELCOME TO A BETTER YOU

When you're part of Family YMCA of Marion and Polk Counties, you're a member of a community that's committed every day to helping you and your family through programs focused on:

Youth Development

All kids deserve the opportunity to discover who they are and what they can achieve, under the guidance of caring adults who believe in their potential. We see every interaction with young people as an opportunity for learning and development—all grounded in the Y's core values of caring, honesty, respect and responsibility.

Healthy Living

We help people and families build and maintain healthy habits for spirit, mind and body in their everyday lives. By helping kids, adults, families and seniors from all walks of life improve their health and well-being, we build a stronger community.

Social Responsibility

With our doors open to all, we bring together people from all backgrounds, and support those who need us most. We take on the most urgent needs in our community and inspire a spirit of service in return. Our members, volunteers, supporters and staff demonstrate the power of what we can achieve.

For a better you. For a better community. For a better country.

For a better us.™

To learn more, contact:
SALEM FAMILY YMCA
503 581 9622
www.theYonline.org

Family and Youth Programs

We offer many opportunities for kids of all ages from youth sports, to swimming lessons, to after school care, and summer camp. Teaching our youth our core values is what sets us apart from any other program available to your family.

Fitness and Personal Wellness

Tired of the same treadmill or workout routine? Spice it up and try a Group Fitness class! Every class is lead by a nationally certified instructor and is a fun way to cross-train. All classes are for all fitness levels – adjustments are available for beginners and advanced participants alike. No need to sign up in advance; all classes are free for Y members.

Volunteer Opportunities

With a focus on youth development, healthy living and social responsibility, Y volunteers give men, women and children of all ages and from all walks of life the resources and support they need to be healthy, confident, connected and secure.

We have many volunteer opportunities - although coaches are often our greatest volunteer need.

**LEARN MORE
TODAY**

TOGETHER WE CAN BUILD A BETTER US

Membership Campaign
 Family YMCA of Marion and Polk Counties

Becoming a member at the Salem Family YMCA also entitles you to access the other three branches in Marion and Polk Counties.

At the Family YMCA of Marion and Polk Counties we believe that our programming should be accessible to everyone, regardless of ability to pay. Our belief in our mission is so strong that our membership fees are based on a household's income. Just bring in your Federal Tax Return when joining the Y!

	A	B	C	
HOUSEHOLD INCOME	\$0-\$19,999	\$20,000-\$39,000	\$40,000-\$59,000	\$60,000+
Adult Membership	\$18	\$30	\$42	\$53
Family Membership	\$26	\$42	\$58	\$74
Teen Membership	\$18	\$28	\$28	\$28
College Membership	\$18	\$28	\$38	\$38
Senior Membership	\$18	\$30	\$42	\$47
Senior Couple Membership	\$26	\$42	\$58	\$67

In addition to your monthly membership costs being determined by your household income, our youth sports program costs are also determined by what you can afford to pay.

	A	B	C	
HOUSEHOLD INCOME	\$0-\$19,999	\$20,000-\$39,000	\$40,000-\$59,000	\$60,000+
Adult & Youth Programs***	50% FA	35% FA	20% FA	No FA
Summer Camp	See YMCA Camp Department to apply for Financial Assistance			
Child Care	See YMCA Child Care Department to apply for Financial Assistance			

***Financial Assistance is off member or non-member prices, depending on membership status of participant.

PAYMENT OPTIONS

1. EFT (Electronic Funds Transfer) from either a checking, savings account or credit card on the 1st or 15th of the month. You must provide a voided check or a statement from your bank with your account number and routing number. (Add \$2 monthly fee for credit/debit card option).
2. Annually (12 months all at once plus a prorated amount for the current month)
3. Seniors **ONLY** have the option to pay 6 months at a time.

ALL memberships are non-refundable.
Prices as of July 1, 2017. Membership pricing is subject to change.



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Income Based Membership

What is Income Based Membership?

Income Based Membership is a reduced rate for your monthly YMCA membership. We have three categories for scholarship which are determined by your household income.

How does the YMCA offer Income Based Membership scholarships?

Part of our mission is to “never turn anyone away due to the inability to pay”. Therefore, the YMCA offers these scholarships in part from the generous donors and supporters of the Family YMCA of Marion & Polk Counties. Ask us more about donating to the “We Believe Campaign” to contribute to this worthy cause!

How do I apply for an Income Based Membership scholarship?

Simply bring in this year’s Federal Tax Return to the YMCA and our Front Desk staff can determine your scholarship amount on the spot!

What if I haven’t filed taxes?

If you are exempt from filing taxes, you may still be eligible for a scholarship from the YMCA. Simply schedule an appointment with the Membership Director or CEO and they can sit down with you to work with you on a personalized scholarship based on your situation. At that meeting you will need to bring alternative documentation to show proof of household income and residents/dependents.

Regular Joiner’s Fees: \$99 for Adult/Family/Seniors; \$50 Teen/College

Income Based Membership Groups A, B, C—Joiner’s Fees: \$45 for Adult/Family/Seniors; \$24 Teen/College
 May be scheduled with auto draft over 3 months (max.)

	A	B	C	
HOUSEHOLD INCOME	\$0-\$19,999	\$20,000-\$39,000	\$40,000-\$59,000	\$60,000+
Adult Membership	\$18	\$30	\$42	\$53
Family Membership	\$26	\$42	\$58	\$74
Teen Membership	\$18	\$28	\$28	\$28
College Membership	\$18	\$28	\$38	\$38
Senior Membership	\$18	\$30	\$42	\$47
Senior Couple Membership	\$26	\$42	\$58	\$67



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

□□-□□□□□□

FAMILY YMCA OF MARION AND POLK COUNTIES
Membership Application

Please select a membership type:

- Family*
- Adult
- College
- Senior
- Senior Couple
- Teen
- Other _____

- Part-time YMCA Staff
- Full-time YMCA Staff
- Add Towel Service Fee - Single (Salem only)
- Add Towel Service Fee—Couple (Salem only)
- Resident (Silver Falls/Santiam only)
- Non-Resident (Silver Falls/Santiam only)
- Association Membership

**Family is defined as one household of one or two adults (husband and wife or domestic partners) and dependent children 22 years of age and younger who live at home*

WE BELIEVE CAMPAIGN DONATION

Annual Campaign Donations provide scholarships for financially-challenged youth and families. I want to support the annual campaign by adding the following amount to my monthly bank draft.

\$25 \$15 \$10 \$5 Other \$ _____

Donor's Signature _____ Date _____

Salem YMCA M/I YMCA Silver Falls YMCA Stayton YMCA

PRIMARY MEMBER

First Name		MI	Last Name		
Mailing Address			City	State	Zip
Home Phone		Email			
Cell Phone		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer			Work Phone		

2nd ADULT MEMBER or Parent/Guardian for applicants under 18 years

First Name		MI	Last Name		
Mailing Address			City	State	Zip
Home Phone		Email			
Cell Phone		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer			Work Phone		

DEPENDENTS

First Name	MI	Last (if different)	Birth Date	Gender	School
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	

EMERGENCY CONTACT

(Other than in your household)
Required for all memberships

Name _____

Phone _____

FAMILY YMCA OF MARION & POLK COUNTIES MEMBERSHIP WAIVER

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Family YMCA of Marion & Polk Counties for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Family YMCA of Marion & Polk Counties the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Family YMCA of Marion & Polk Counties for observation or use of any facilities or equipment or participation in such affiliated program constitutes and acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. That neither I nor any person listed on this membership has ever been convicted of a sexual offense or registered as a sex offender in any jurisdiction. I give my permission to the Family YMCA of Marion & Polk Counties to use limitation and obligation, photographs, film footage, or tape recordings which may include my image and the image of anyone on my membership for purposes of promoting or interpreting YMCA programs.

Please initial below:

_____ I HEREBY RELEASE, WAIVE, DISCHARGE AND CONVEYANT NOT TO SUE the Family YMCA of Marion & Polk Counties and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of myself, whether caused by the negligence of the releases or otherwise while I am in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

_____ I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of myself in, upon or about the Family YMCA of Marion & Polk Counties premises or in any way observing or using any facilities or equipment of the Family YMCA of Marion & Polk Counties or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

_____ I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the Family YMCA of Marion & Polk Counties and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Family YMCA of Marion & Polk Counties.

_____ THE FAMILY YMCA OF MARION & POLK COUNTIES HAS THE RIGHT TO TERMINATE YOUR YMCA PRIVILEGES ANYTIME IF:
 a) it appears that you are taking actions or doing things that are contrary to the YMCA Mission, or
 b) it appears that your are involved in criminal acts, or
 c) you are acting in ways that disrupts the YMCA's operations or the activities of members or staff.

_____ I further expressly agree that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

_____ **CANCELLATION POLICY: If at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the Family YMCA of Marion & Polk Counties within a minimum of 30 days prior to your scheduled draft date. No cancellations accepted by phone, fax or mail. Failure to do so will result in that month's EFT being non-refundable. A voided check is required with all bank EFT information. The Family YMCA of Marion and Polk Counties does not, under any circumstance, reimburse for bank fees or charges. Billing or payment errors of any nature will be remedied through in-house credits. Membership fees are non-refundable. If at the time of membership cancellation there is a balance that remains unpaid, the Family YMCA of Marion and Polk Counties may draft the unpaid amount from the pre-authorized account.**

 Signature of Participant Signature of Participant Date Signature of Parent or Guardian Date

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I authorize my financial institution to honor pre-authorized drafts drawn by the Family YMCA of Marion and Polk Counties on my account for membership payments. It is understood that your sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due on this membership. When my financial institution honors the draft by charging my account, such drafts constitute my receipt for payment. **I understand that there is a \$25 NSF fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my check being returned to me by the YMCA. I understand that two (2) payments drawn on insufficient funds may forfeit future membership privileges.** If account holder is under the age of 18 a parent or legal guardian must sign.

MONTHLY DRAFT DATE:

- 1ST
 15TH

ACCOUNT TYPE:

- CHECKING
 SAVINGS
 CREDIT/DEBIT CARD

BANK NAME

NAME ON ACCOUNT OR CARD

LAST FOUR # OF CARD
 (FOR CREDIT/DEBIT CARDS ONLY)

SIGNATURE OF PAYEE

DATE

**ATTACH VOIDED
 CHECK HERE**

SIGNATURE OF PARENT OR GUARDIAN

DATE

FOR OFFICE USE ONLY

DATE OF APPLICATION: _____ **STAFF INITIALS:** _____

- Wellness Orientation Membership Cards New Member Packet Tour Photo ID Check