

### Acknowledgement

I acknowledge that I am contracting for a membership at the Pocono Family YMCA as indicated on this form. I understand that the annual full and 90-day payment options are for one-year memberships and are non-transferable and non-refundable. I further understand that by using the bank draft or credit card options, the membership fee is deducted from my checking or credit card account perpetually until I choose to discontinue, at which time I will notify the YMCA of my desired cancellation date through a written notice of cancellation 30 days prior of the desired cancellation date. If I wish to freeze my membership, I will notify the member service department in writing prior to the desired freeze date.

Further I acknowledge that I/we accept the core values of the Pocono Family YMCA of 'Caring, Honesty, Respect and Responsibility' and agree to abide by the posted Code of Conduct of the association while using the facility or participating in it's programs offsite. I understand that behavior that violates this code of conduct will not be tolerated and that I and/or my family members may be asked to leave the facility if our behavior is not keeping with the association's code of conduct.

### Pocono Family YMCA Code of Conduct

At the Pocono Family YMCA we expect staff, members and guests to behave in accordance with our mission and values at all times, respecting the rights and dignity of others.  
At the YMCA, we demonstrate

#### Caring, Honesty, Respect and Responsibility

By:

- Speaking in respectful tones; refraining from the use of vulgar or derogatory language; and dressing appropriately.
- Resolving conflicts in a respectful, honest, and caring manner; never resorting to physical contact or threatening gestures.
- Respecting others by refraining from intimate behavior in public; abstaining from contact of sexual nature.
- Respecting the property of others; never engaging in theft or destruction.
- Creating a safe, caring environment; never carrying illegal firearms, or devices.
- Participating in programs to build a healthy spirit, mind and body; never engaging in the use, sale, dispensing or possession of illegal drugs or narcotics or the use of alcohol on YMCA premises.

**Adherence to the YMCA Code of Conduct and regulations is essential.  
Non-compliance will result in suspension or termination of YMCA membership privileges.**

I authorize the use of my/our photographic image(s) in YMCA materials.

Further the undersigned and immediate family releases the Pocono Family YMCA from any and all liability for personal injuries or property loss or damage incurred by reason of participation in or attendance at activities sponsored by the Pocono Family YMCA.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

### POCONO FAMILY YMCA Application for Membership

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender ( Male / Female )

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer/School \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Referred by Member/Staff \_\_\_\_\_

#### The following is for Family Memberships Only:

NAME	RELATIONSHIP	DATE OF BIRTH

Are you interested in volunteering at the Pocono Family YMCA? \_\_ Yes \_\_ No

If so, what area(s) are you interested in volunteering in? \_\_\_\_\_

How did you hear about the Pocono Family YMCA?

\_\_\_\_ Newspaper \_\_\_\_ Radio \_\_\_\_ Television \_\_\_\_ Member/Staff

\_\_ Other (Please Specify) \_\_\_\_\_

**OFFICE USE ONLY**

Type of Membership \_\_\_\_\_ Expiration Date \_\_\_\_\_

New/Renewal \_\_\_\_\_ MSA \_\_\_\_\_

**Payment Options**

\_\_\_\_\_ **Payment in Full**

Joiner's Fee \_\_\_\_\_ Membership Charge \_\_\_\_\_

\_\_\_\_\_ **Monthly Credit Card** – Attach Automatic Credit Card Billing Authorization Form

\_\_\_\_\_ **Bank Draft** – Attach Automatic Bank Draft Authorization Form

\_\_\_\_\_ **90 Day Plan – (3 Consecutive months)**  
Year \_\_\_\_\_

Date	Charge	Paid	Balance	MSA

Year \_\_\_\_\_

Date	Charge	Paid	Balance	MSA

	1 <sup>st</sup> Expiration Date _____
Membership # _____	2 <sup>nd</sup> Expiration Date _____
Last Name _____	First Name _____