

YWCA Central Carolinas

Change in Status Form

Member Name: _____ Email: _____ Phone: _____

Old Membership Type: *Please check ONE box

- Full Time Student
- Senior
- Young Adult
- Senior Couple
- One Adult & Children
- Employee Family
- Individual
- Employee
- Family

***Please check ONE box**

- PIF*
- Monthly Draft*

UPDATES: *Please check ALL boxes that apply

- Membership:** Rejoining Updating Membership Type Adding/Removing Members
- Locker:** Adding Locker Rental Removing Locker Rental Changing Locker # _____

Membership Types & Fees	Monthly Draft	Annual Membership
Full Time Student (ages 30-62) must provide student ID	<input type="checkbox"/> \$57	<input type="checkbox"/> \$570
Young Adult (ages 18 - 29)	<input type="checkbox"/> \$57	<input type="checkbox"/> \$570
Individual Adult (ages 30 – 62)	<input type="checkbox"/> \$69	<input type="checkbox"/> \$690
One Adult & Children (children under the age of 21)	<input type="checkbox"/> \$78	<input type="checkbox"/> \$780
Family (Individuals living in the same household)	<input type="checkbox"/> \$87	<input type="checkbox"/> \$870
Senior (ages 63+)	<input type="checkbox"/> \$57	<input type="checkbox"/> \$570
Senior Couple (ages 63+)	<input type="checkbox"/> \$72	<input type="checkbox"/> \$720
Employee Family	<input type="checkbox"/> \$25	<input type="checkbox"/> \$250
Locker Rental (Quarter Locker 19in X 8.5in)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$120
Locker Rental (Half Locker 29in X 8.5in)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$180
Locker Rental (Full Locker 58in X 8.5in)	<input type="checkbox"/> \$20	<input type="checkbox"/> \$240

Change of Personal Information: (if applicable or additional member information)

New Name: _____

New Address: _____

New Email Address: _____

New Telephone #: _____

Removing Members:

Name 1: _____ Name 2: _____ Name 3: _____

Adding Members: * New members must have their photo taken at the front desk.

Name 1: _____ Gender: _____ DOB: _____ Keycard: _____

Email _____ Phone (_____) _____

Name 2: _____ Gender: _____ DOB: _____ Keycard: _____

Email _____ Phone (_____) _____

Name 3: _____ Gender: _____ DOB: _____ Keycard: _____

Email _____ Phone (_____) _____

terms

I hereby authorize the YWCA to **debit/charge** the bank account for my monthly membership payment. This authority is to remain in effect until the YWCA receives a 10-day written notice of termination of this agreement from me by submission of the Cancellation Form. There is a \$15 administration fee which is processed within 5 business days. The YWCA Central Carolinas will notify the bank of any changes in the amount to be drafted or termination of the agreement. I understand that if my draft/charge should not be honored by the bank, I am still responsible for that payment including a \$25.00 service charge in addition to any charges my bank may make. Members receive a keycard to scan upon entry. No fee for damaged cards. \$5 replacement fee for lost cards.

I understand the annual paid-in-full membership expires one year from the joining date and is non-refundable except in cases of illness or relocation, excluding alternate arrangements made with Leadership.

I understand that processing fees and current or past monthly fees are not refundable and all unpaid balances are due upon cancellation. Members may freeze their membership for a minimum of one month and a maximum of three-months with the submission of a completed Freeze Form providing a 10-day notice.

I understand that it is my responsibility to notify the YWCA of any changes in my age or personal status that would reflect a change in membership rates (i.e., reaching the age of 63 and thus switching from an Individual to a Senior membership). I also understand that the YWCA is unable to refund any portion of dues paid prior to the receipt of notification of a change in status. Rates may increase over time. *No personal training or team training outside of Vim Fit and YWCA programming is permitted.*

waiver

A photo must be taken at the front desk for the fitness software in order to verify my keycard check-ins. The YWCA may use participation photographs or videos taken of me or my family for marketing and advertising purposes. Security cameras may be installed to protect personal safety or organizational property, will always be visible and located in public areas. It is understood by the undersigned that there are certain risks inherent in the activities conducted at the YWCA Central Carolinas, which I agree to assume on behalf of myself and/or family members. To the extent allowed by applicable law I agree to hold the YWCA, its agents and employees, harmless from any claim on behalf of myself and/or my family members arising out of any loss, injury, or death attributed to such risks. All participants in the physical fitness programs of the YWCA Central Carolinas are hereby informed that these programs involve strenuous activities. It is the obligation of all participants in such programs to advise the staff if they suffer from fatigue, shortness of breath, chest discomfort, pain or any similar occurrence which may jeopardize their health. By participating in any of the physical fitness programs of the YWCA, each participant acknowledges and consents to the duty described above. Participants are encouraged to ask the staff questions about the physical fitness programs and to follow the directions of the instructors and coaches with care.

YWCA Central Carolinas is committed to providing a safe and welcoming environment to all members and participants. I agree to adhere to the regulations outlined below.

- Each person will respect the rights, dignity and cultures of others.
- Individuals will be considerate of the safety and comfort of others and be responsible for their own behavior.
- YWCA Central Carolinas has ZERO TOLERANCE for any acts of violence or intimidation.
- No member will be disrespectful of others through the use of vulgar language, swearing, name calling or shouting.
- No member will harass or intimidate by words, gestures, body movement or menacing behavior.
- No member will be in possession of any item that can be used as a weapon or as a threat to others.
- No member will use YWCA facility while under the influence of illegal drugs or alcohol.
- Appropriate exercise attire is required, including closed-toe sneakers and appropriate body covering.

The YWCA reserves the right to take necessary disciplinary action including membership revocation if these rules/regulations are not followed.

I hereby give permission for the YWCA staff to secure medical treatment for myself or my family in the event of an emergency. I also authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

I certify, to the best of my ability, that the accompanying information is correct and accurate.

(Responsible Party) Print Name: _____ **Signature:** _____ **Date:** _____

FD Team Only:

- Received By: _____ Date: _____
- Entered on Membership Tracking Log

Admin:

- Entered in Excel Date: _____
- Email sent to member - Date: _____