



MOUNT DESERT ISLAND YMCA

2010 MEMBERSHIP FOR ALL RATES*

*(Rates subject to change)

Rates listed below are monthly autodraft

At the YMCA - everyone is welcome

Household Income	Family 2 Adult + Children	SPFamily 1 Adult + Children	Senior Couple	Adult	Senior (Individual) (60+)	Young Adult (18-21)	Youth 0 - 17
Regular Rate	\$55	\$47	\$42	\$37	\$27	\$27	\$16

Reduced rates based on income level
(Individuals and families eligible for Membership For All pay a reduced joining fee of \$50.00.)

\$45,001 - \$55,000	\$50	\$42	\$38	\$33	\$24	\$24	\$14
\$35,001 - \$45,000	\$44	\$38	\$34	\$29	\$22	\$22	\$13
\$25,001 - \$35,000	\$39	\$33	\$29	\$27	\$19	\$19	\$11
\$25,000 and below	\$33	\$28	\$25	\$24	\$16	\$16	\$10

Please fill out if you are applying for Income based membership pricing only:

Your Annual Salary: \$_____ Spouse's Annual Salary: \$_____

Other Income/source: _____ Amount: \$_____

Indicate any other special circumstances that you wish to have taken into consideration:

To qualify for Membership For All you must submit your current income tax return within 2 weeks of the start of your membership. **If documentation is not received within 2 weeks, rate will default to current rate. You must reapply for MFA each year.**

OFFICE USE ONLY

I hereby attest that all the information provided is true and accurate:

Signature: _____

Regular Fee: \$_____ MFA: \$_____

Begin Date: _____ Review

Authorized By: _____ Date: _____

Membership Type: _____ Member ID. Number: _____

The Mission of the Mount Desert Island YMCA is to develop community, character, personal growth and wellness in spirit, mind and body for the greater MDI community.

YMEMBERSHIP™

We build strong kids, strong families, strong communities.

Mount Desert Island YMCA Membership For All Application

1st Adult	Date:	Title:	First Name & Middle Initial:	Last Name:	
	mailing address:		city, state, zip:		
505	phone:	e-mail:		What Member Benefit attracted you to the Y?	
	birth date:	gender:	Discount Group:	Pilates Group exercise Babysitting Swimming Family Nights	
	emergency contact name, phone number, & relationship to applicant:				
	MDI YMCA	First Name:	Last Name:		
birth date:	Phone::				
	gender:	Other contact information:			
Do you have any existing medical conditions? If yes then please list:					
505	first name:	last name:	birthdate:	Gender:	
	first name:	last name:	birthdate:	Gender:	
	first name:	last name:	birthdate:	Gender:	
				<small>The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.</small>	

The YMCA provides a fitness facility for use on a daily or long-term basis. The MDI YMCA recommends that new members make an appointment for an orientation and instruction to use the equipment in the fitness center. Supervision is not provided at all times.

The YMCA has the right to terminate your YMCA privileges anytime if: It appears that a) you are taking actions or doing things that are contrary to the Y's Mission, or b) it appears that you are involved in criminal acts, or c) acting in ways that disrupt the YMCA's operations.

By signing this form, I realize that membership fees are non-refundable. As a new member, I also understand that if I am paying by monthly automatic bank or credit card draft, I must maintain my monthly draft for at least 12 months in order to avoid a \$50 cancellation fee and that my membership will automatically renew unless the YMCA is notified in writing of my intent to cancel.

In signing this consent form, I/we agree to adhere to all policies set by the YMCA. I/my family specifically assume all risks of injury arising out of my/our presence on the premises of the MDI YMCA, the use of its equipment or facilities, and my/our participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from all claims for damages the YMCA and its officers, directors, members, volunteers, employees or agents. I also give my permission for the person(s) listed above to receive proper medical treatment, unless otherwise noted in writing.

Signature: _____ Date: _____