



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Northwestern Connecticut Y 2016 Income-Based Membership with Tax Return

Because we here at the Y believe a healthy lifestyle should be available to all, we're rolling out an income-based membership fee scale. Your monthly membership fee is based on your annual household income.

To take advantage of this program, please bring a copy of your most recent tax return which outlines your annual household income to the Y Member Services Desk.

Monthly Membership Fees						
Annual Household Income	Teen	Young Adult	Adult	Senior	Couple	Family
\$70,000-74,999	\$22.31	\$25.73	\$44.36	\$41.21	\$66.68	\$76.65
\$65,000-69,999	\$22.31	\$25.73	\$44.36	\$41.21	\$63.34	\$73.58
\$60,000-64,999	\$22.31	\$25.73	\$44.36	\$41.21	\$60.01	\$70.52
\$55,000-59,999	\$22.31	\$25.73	\$44.36	\$41.21	\$56.67	\$66.69
\$50,000-54,999	\$22.31	\$25.73	\$44.36	\$41.21	\$53.34	\$62.85
\$45,000-49,999	\$18.97	\$21.87	\$44.36	\$41.21	\$50.01	\$58.25
\$40,000-44,999	\$17.85	\$20.58	\$44.36	\$41.21	\$46.67	\$53.66
\$35,000-39,999	\$16.73	\$19.29	\$35.49	\$32.97	\$43.34	\$46.76
\$30,000-34,999	\$13.39	\$16.72	\$31.05	\$28.85	\$40.01	\$39.86
\$25,000-29,999	\$11.16	\$15.44	\$26.62	\$24.73	\$36.67	\$32.19
\$24,999 and under	\$8.93	\$12.86	\$22.18	\$20.61	\$26.67	\$23.00

* Proof of Income (Tax Return) required

* Income-Based Membership sliding scale subject to change without notice

1/1/2016



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENTS:

The signee on his or her behalf and behalf of mentioned family members accepts certain risks, which accompany participation in exercise or sports activities and understand that before undertaking such that I should consult a physician.

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Y (or for my children to so participate) for any purposes including, but not limited to observation or use of the facilities of equipment, or participation in any off-site program affiliated with the Y, the signee, for himself or herself and such participating family members and any personal representatives, heirs, and next of kin **HEREBY AGREES TO THE FOLLOWING:**

THE SIGNEE, ON HIS OR HER BEHALF AND BEHALF OF SUCH FAMILY MEMBERS, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Y, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the signee or such family members and all 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 the signee or such family members whether caused by the negligence of the releasees or otherwise while the signee or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Y.

THE SIGNEE HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the signee or such family members in, upon or about the Y premises to in any way observing or using any facilities or equipment of the Y or participating in any program affiliated with the Y whether caused by the negligence of the releasees or otherwise.

THE SIGNEE HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the signee or such family members due to negligence of releasee or otherwise while in, about or upon the premises of the Y and/or while using the premises or any facilities or equipment thereon or participation in any program affiliated with the Y.

THE SIGNEE further expressly agrees 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 and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE SIGNEE HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

OFFICE USE ONLY					
ID # _____	Membership Code _____				
Camp	Torrington	Winsted	WYSB	Canaan	Employee

Income-Based Membership Monthly Draft Agreement

1. I understand the INCOME-BASED MONTHLY DRAFT MEMBERSHIP payment plan is a 12-month facility membership plan. I understand that this is an automatic withdraw or charge of funds from the account indicated below. Monthly bank drafts will be performed on the 1st. All Credit/Debit cards will be processed on the first business day of every month.
2. It is my complete understanding that if I want to terminate or change my membership in any way, I must give the Y 30 days written notice. If I terminate my membership, I must return any membership cards issued for my membership to the Y. If I do not follow this procedure, the Y will not be held responsible for money drafted – no refunds will be given.
3. The Y Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership. I understand that I will receive at least 30 days written notice prior to any change.
4. Should my bank or credit company for any reason not honor my membership draft, I understand that I am still responsible for that payment. I further understand that an additional \$25 service fee will be charged for any drafts not honored.
5. I understand that, should I choose to renew my Income-Based Membership, I must do so 30 days prior to the expiration date of the membership to avoid a lapse in membership. I understand that I cannot use the facility until my renewal is approved.
6. Membership cards remain the property of the Y and must be surrendered upon demand of the Y.
7. I understand I have the ability to help the Y help others through my membership by including a contribution to the Annual Support Campaign which supports the financial assistance fund, child care, youth, teens, seniors and families to participate in Y programs or services. This contribution is fully tax deductible as allowed by law.

YES, I want to contribute \$10/month \$5/month \$3/month other \$ _____

No, I do not want to contribute at this time

Member Name (Please Print) _____

Membership Type: Adult Family Couple Senior Young Adult Teen

Bank Draft (Checking/Savings account) Bank Name: _____

Monthly Draft Amount: \$ _____ Membership
 \$ _____ Annual Support Contribution
 \$ _____ Total Drafted Each Month

I authorize the above amount to be charged to my account. All information on this agreement was fully explained to me and I fully understand all the information contained above. It is my complete understand that if I want to terminate my membership, I must give the YMCA 30 days written notice and return any membership cards issued to my membership at the Y. If I do not follow this procedure, the Y will not be held responsible for money drafted – no refunds will be given.

Name on Draft Account _____ Telephone # _____

Authorized Signature _____ Date: _____

Staff Initials _____

MEMBERSHIP SERVICES STAFF PLEASE CHECK BELOW:

Voided Check/Deposit Ticket (attached)