MEMBERSHIP

Membership Application for the Geary Family YMCA

Membership type:

□ Family □ Adult □ Youth □ Other _____

Payment type:

□ Annual Pay □ Bank Draft □ Corporate Payroll Deduct _____ _____
Company Name Clock #

Join Date: _____

First Name _____ **Last Name** _____ **Middle Initial** _____

Address _____ **City** _____ **Zip** _____

Phone _____ **Birth Date** ___/___/___ **E-mail Address** _____

Employer _____ **Work Phone** _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

Are you a Registered Sex Offender? Yes ___ **No** ___

First Name	Last Name	Age	Birth Date	Gender	Employer or School

Payment $_____.____ + _____.____ **Joiners Fee = $**_____.____ **total due.** **Monthly Draft Amount $**_____.____

FULL PAYMENT: Memberships paid in full are invoiced for annual renewal approximately 30 days prior to and are payable on YMCA renewal date. If I allow my membership to lapse for more then 30 days beyond my renewal date and I decide to rejoin later, I will be considered a new member and I will be subject to paying the first year joining fee in addition to my annual dues. Dues and joining fees are non-refundable.

Bank Draft Application for the Geary Family YMCA

First Name _____ **Last Name** _____ **Middle Initial** _____

Bank Name _____

Routing Number _____

□ Checking □ Savings **Account Number** _____

Your First Draft Will Be on: ___/___/___

MONTHLY DRAFT: I understand that this is a continuous membership plan and that this membership will remain in effect for as long as I retain the membership card issued to me. This is a contract, if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice. I understand that I must turn in all of my membership cards upon termination. The YMCA Board of Directors may, at their distcretion, adjust the monthly rate applicable to my category of membership once per year. I understand that I will receive a notice prior to any such change. Should my bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, plus a service chage applied by the YMCA. This is in addition to any service fee my bank may have. I understand that it is my responsibility to notify the YMCA with a 30-day written notice should I change my financial institution at any time. Membership cards remain the property of the YMCA and must be surrendered upon request.

I hearby authorize the Geary Family YMCA to initiate electronic entries on the 1st of each month. This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION AGREEMENT.

Signature _____ **Date** _____

Parents Signature (if under 18 years of age) _____