



# Wilson Family YMCA

## Application for Membership

Date	
Unit Number	
Card Number	
Employee Initials	

**TYPE OF MEMBERSHIP:**  New Member  Renewal

Pool	Full	Senior	Student	Type of Transaction
<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Cash or Check_____
<input type="checkbox"/> Family	<input type="checkbox"/> w/Dep. <input type="checkbox"/> Couple <input type="checkbox"/> Family	<input type="checkbox"/> Couple		<input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card Draft

### Emergency Contact Person & Phone Number:

**PLEASE PRINT:**

Primary Member \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Gender:  Female  Male

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

**Special Medical Conditions** (Please list or write NONE) : \_\_\_\_\_

**FAMILY MEMBERS: (Complete Below If Adding To The Membership)**

	NAME	BIRTH DATE	SEX	RELATIONSHIP	EMPLOYER/ SCHOOL	CARD #
1		/ /				
2		/ /				
3		/ /				
4		/ /				
5		/ /				

**YMCA MISSION:** To put Christian principals into practice through programs that build healthy spirit, mind and body for all. The YMCA builds strong kids, strong families, and strong communities.

**INFORMED CONSENT:** In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Wilson Family YMCA, their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities. I understand membership may be suspended or revoked for failure to follow YMCA policies or rules. Furthermore, I understand that on occasion, photos for YMCA promotion/publicity may be taken in the facility and give my permission for the use of my/my family's likeness in such promotion. Membership cards must be presented to use facilities and services.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Memberships are non-transferable and non-refundable**

**ELECTRONIC FUNDS TRANSFER MEMBERSHIP AGREEMENT (EFT – DRAFT)**

***CREDIT CARD DRAFT***

Credit Card Information: (circle one)      VISA      MasterCard

Name on Credit Card: \_\_\_\_\_ Card Issuer: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***BANK DRAFT (PLEASE ATTACH A VOIDED CHECK)***

Name on Account: \_\_\_\_\_ Name of Bank \_\_\_\_\_

Routing Numbers: (9-digits) \_\_\_\_\_

Account Number: \_\_\_\_\_

**BANK/CREDIT CARD DRAFT AMOUNT \$ \_\_\_\_\_ DATE     1<sup>ST</sup>       15<sup>TH</sup>**

I have given authority to bank/credit card to honor a pre-authorized debit drawn by you on my account for membership payments as indicated above. It is understood that your sending of pre-authorized debit to the bank/credit card, as payment becomes due, shall constitute valid notice of such payment due on this membership. When the bank/credit card honors the debit by charging my account, such debit shall constitute my receipt for the payment. Should any pre-authorization debit not be honored by said bank/credit card when received by them, then it is understood that the payment is to be made by myself in the amount of said draft.

EFT is a continuous membership plan and I understand that my draft is in effect as long as I retain my YMCA membership. I understand that I must give a 30-day written notice to stop my bank/credit card draft. I also understand that I will be given a 30-day advance notice of an increase in membership rates. Should my bank/credit card for any reason not honor any membership draft, I realize that I am still responsible for that payment plus all financial service charges.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**YMCA USE:**

Date entered into Membership System \_\_\_\_\_

Date entered into Billing System \_\_\_\_\_

Addition Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_