



BARBARA BAUER BRIGGS FAMILY YMCA APPLICATION FOR MEMBERSHIP

Join Date: _____

Type of Membership: Adult Female Adult Male Household Single Parent Family Teen Young Adult SilverSneakers Blue Cross Active & Fit/Silver & Fit

Adult First Name _____ MI _____ Last _____ M F Birth Date ____/____/____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email Address _____

Your Occupation _____ Employer _____ Driver License # _____

Second Adult Name _____ MI _____ Last _____ M F Birth Date ____/____/____

Cell Phone _____ Email Address _____

Occupation _____ Employer _____ Driver License # _____

Emergency Contact _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different):

Children's Names	Male/Female	Birth Date	Relationship	School	Age

Everyone has a place here at the Y. Ask about our Financial Assistance Program if you think you may qualify.

Financial Assistance discounts cover Membership and all Y Programs. They expire every 6 months, and you are required to reapply in writing, or you will be moved to a regular priced plan. Members must complete our Financial Assistance application and provide financial documentation for consideration.

In order to assist those who cannot afford a YMCA membership or program opportunity, we conduct an annual Friends of Youth Campaign to support this work. Your voluntary tax-deductible contribution of ANY AMOUNT means a great deal as we fulfill our mission in the community. Thank you for considering helping our neighbors in need.

I would like to add \$5 \$10 \$20 \$_____ per month to my automatic monthly membership withdrawal for the Friends of Youth Campaign.

Signature _____

POLICY AND PROCEDURES

I understand, verify, and acknowledge the following: (initial each)

- _____ The monthly draft or corporate payroll deduction program will continue until a Termination Form is completed 30 days prior to last draft date. STAFF _____
- _____ The YMCA has no liability or responsibility for any personal injury or loss or damage to personal property sustained while members are using the YMCA facilities.
- _____ Semi-annual and annual memberships will be invoiced for renewal and payment is due by the renewal date.
- _____ If membership lapses for more than 90 days it will be considered a new membership and will be subject to the payment of the joining fee.
- _____ Membership and Joining Fees are non-refundable and non-transferable.
- _____ If a membership is canceled and any credits remain on the account by December 31st of the cancellation year they will be considered a contribution to our Annual Giving Campaign if not requested otherwise.
- _____ Membership cards must be presented to enter the facility.
- _____ Members and/or guests must adhere to the YMCA code of conduct and any behavior contrary to its Mission and Core Values may result in loss of YMCA membership.
- _____ I have received a list of the YMCA Policies and Procedures and will adhere to them.
- _____ No one included on this application is a registered sex offender or violent crime offender and I am obligated to notify the YMCA immediately if one of the applicants becomes a registered sex offender, which will result in termination of membership.
- _____ The YMCA may screen members and applicants against national and state database for registered sexual and violent crime offenders.
- _____ I will inform the Barbara Bauer Briggs Family YMCA of any changes to my address, phone number or other contact information.
- _____ All of the information given on this application is correct to the best of my knowledge. The YMCA has the right to verify information on the application.
- _____ The YMCA has the right to use, reproduce, and/or distribute photographs and/or video of myself, spouse and/or children in their promotional materials.

Signature (Member or Parent/Guardian)

Date

Printed YMCA Staff Name

Date

MONTHLY DRAFT AGREEMENT

I understand, verify, and acknowledge the following: (initial each)

- _____ Changes to account information, including credit card expiration date, for the monthly draft program must be given in writing and received by the YMCA 30 days prior to be effective for the next month's draft. STAFF _____
- _____ I (we) give authority to Barbara Bauer Briggs Family YMCA to draw on the account listed below for my (our) membership payments. The payment will be drawn on the 1st or the 15th of every month. STAFF _____
- _____ I understand that I must complete a termination form to cancel my membership and that a 30 day written notice is required. STAFF _____
- _____ I understand that any draft or credit card returned for any reason (including an expired expiration date, lost, or stolen card) must be paid in full along with the return fee. The YMCA reserves the right to cancel my (our) membership due to unpaid returned drafts or unpaid membership fees. STAFF _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

- _____ I authorize my bank to honor preauthorized Electronic Funds Transfers or credit card charges against my account; such transfers shall continue until a Termination Form is completed. **Should any member debt not be honored by the member's credit card company or bank for any reason, the member is still responsible for that debt. A return fee will be applied to all returns.**

STAFF _____

PAYMENT OPTIONS (choose one)

1. I choose to utilize the EFT option (bank draft) for monthly payment:

Direct debit from my Checking **-OR-** Savings
Withdraw fee on 1st **-OR-** 15th
Bank Name _____ Name on Account _____
Routing # _____ Account # _____
Authorized Signature _____ Date _____

2. I choose to utilize the Credit Card Payment option for monthly payment:

Withdraw fee on 1st **-OR-** 15th
Card # _____ Expiration Date _____
Card Type: _____
Card Holder Name _____
Authorized Signature _____ Date _____