



Barbara Bauer Briggs Family YMCA

Membership Application

Join Date: _____ Please Circle: I would like a Wellness Floor Orientation or Phone Consultation from a Wellness Professional or Neither

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 a one time donation of \$_____ **OR** give an automatic monthly membership withdrawal of \$_____ towards the Friends of Youth Campaign.

Signature _____

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. **Member** _____ **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. **Member** _____ **Staff** _____
- I understand that I must complete a termination form to cancel my membership and that a 30 day written notice is required. **Member** _____ **Staff** _____
- I understand that any draft or credit card returned for any reason (including an expired, lost/stolen, or fraud credit/debit card) must be paid in full along with the return fee. **Member** _____ **Staff** _____
- The YMCA reserves the right to cancel my (our) membership due to unpaid returned drafts or unpaid membership fees. Past due balance must be paid before rejoining. **Member** _____ **Staff** _____
- I understand if my account has a past due balance, I cannot register for any other program with the YMCA. Past due balance must be paid in full before any registration will be accepted. **Member** _____ **Staff** _____

ELECTRONIC FUNDS (EFT) OR CREDIT/Debit CARD AUTHORIZATION

- I authorize my bank to honor preauthorized Electronic Funds Transfers or credit/debit 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 returned payments. **Member** _____ **STAFF** _____

PAYMENT OPTIONS (Choose One)

1. I choose to utilize the **EFT option (Bank Draft)** payment option for my monthly membership dues:

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

2. I choose to utilize the **Credit/Debit Card** payment option for my monthly membership dues:

Withdraw Fee On 1st -OR- 15th
Visa Mastercard Discover American Express
Card # _____ Expiration Date _____
Card Holder Name _____
Authorized Signature _____ Date _____