



Barbara Bauer Briggs Family YMCA

MEMBERSHIP APPLICATION

Join Date: _____

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

(1) Adult First Name _____ MI _____ Last Name _____

Date of Birth _____ Driver License _____ Gender (circle): Male | Female

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Occupation _____ Employer _____

(2) Adult First Name _____ MI _____ Last Name _____

Date of Birth _____ Driver License _____ Gender (circle): Male | Female

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Occupation _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

Additional family on membership (list last name if different):

(3) Full Name _____ Date of Birth _____ Gender: Male | Female

Phone _____ Email Address (if 16+) _____

Age _____ Relationship _____ School _____

(4) Full Name _____ Date of Birth _____ Gender: Male | Female

Phone _____ Email Address (if 16+) _____

Age _____ Relationship _____ School _____

(5) Full Name _____ Date of Birth _____ Gender: Male | Female

Phone _____ Email Address (if 16+) _____

Age _____ Relationship _____ School _____

(6) Full Name _____ Date of Birth _____ Gender: Male | Female

Phone _____ Email Address (if 16+) _____

Age _____ Relationship _____ School _____

FRIEND OF YOUTH

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

Financial Assistance covers membership and all Y programs. Assistance expires 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 YMCA membership or programs, 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.

Donation Options: (1) One time donation of \$ _____

(2) Automatic monthly membership withdrawal of \$ _____ towards the Friends of Youth Campaign

MONTHLY DRAFT AGREEMENTS

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

- Member _____
Staff _____ • 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 give authority to the Barbara Bauer Briggs Family YMCA to draw on the account listed below for my 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 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 _____ • I understand that a 3% flex fee will be charged on any and all credit card transactions. This includes membership, program registrations, childcare, etc.

Electronic Funds (EFT) or Credit Card/Debit Card Authorizations

- Member _____
Staff _____ • 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.

MONTHLY PAYMENT OPTIONS

OPTION 1: EFT option (Bank Draft)

Direct debit from (circle): Checking Account | Savings Account

Withdraw fee day (circle): 1st of each month | 15th of each month

Bank Name _____ Name on Account _____

Routing # _____ Account # _____

OPTION 2: Credit/Debit Card

Withdraw fee day (circle): 1st of each month | 15th of each month

Card Type (circle: Visa | Mastercard | Discover | American Express

Card # _____ Expiration Date _____

Card Holder Name _____

POLICY AND PROCEDURES

By signing this form, I acknowledge that I will read and review the Policy and Procedures available at www.ymcagoldencrescent.org. I understand that it is my responsibility to comply with all policies.

How can we help you get started? Would you like a Wellness Floor Orientation or Phone Consultation from YMCA staff?
Yes | No (circle one)

Signature _____ Date _____