



# WILSON FAMILY YMCA

## Membership Application

Date	
Unit Number	
Card Number	
Employee Initials	

- TYPE OF MEMBERSHIP:**     New Member     Renewal
- Adult                     Adult w/Dep.     Couple     Family
- Senior Adult             Senior Couple
- Student

**PLEASE PRINT:**

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

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

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**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 principles into practice through programs that build a healthy spirit, mind and body for all.

**INFORMED CONSENT:** In consideration of being permitted to utilize the facilities, services and programs of the Wilson Family YMCA (hereinafter "Y") 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 Y, the undersigned for himself, herself and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Y, 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 Y policies or rules. Furthermore, I understand that on occasion, photos for Y 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.

**CANCELLATION POLICY:** To cancel your membership, written notice is required (minimum 30 days to avoid additional fees). Cancellation Request Forms are available at the front desk or call for email address. \_\_\_\_\_ (initial here)

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

# ELECTRONIC FUNDS TRANSFER MEMBERSHIP AGREEMENT (EFT – DRAFT)

## CREDIT CARD/CHECK CARD DRAFT

Credit Card/Check 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: \_\_\_\_\_

**DRAFT AMOUNT \$** \_\_\_\_\_ (Drafts are made on the 1<sup>st</sup> of each month).

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 me 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. \_\_\_\_\_(initial here)  
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 \_\_\_\_\_

<p><b>YMCA USE:</b></p> <p>Date entered into Membership System _____</p> <p>Additional Comments: _____</p> <p>_____</p> <p>_____</p> <p>Staff Signature _____ Date _____</p> <p>Reviewed by _____ (initial &amp; date) _____ (initial &amp; date)</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------