



Harrison Family YMCA Membership Application

MEMBERSHIP ID NUMBER

FIRST NAME _____ M.I. _____ LAST NAME _____ EMAIL _____ M F

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ HOME TELEPHONE _____ WORK TELEPHONE _____

EMERGENCY CONTACT _____ EMERGENCY CONTACT PHONE _____

MEMBERSHIP TYPE

- Youth
- Teen
- Young Adult
- Adult
- Two Adult
- One Adult Plus
- Two Adults Plus
- Three Adults Plus
- One Senior
- Two Seniors
- SilverSneaker
- Silver & Fit

Single Parent, Couple, and Family Memberships Only:

| | | | |
|-------------------------------|------------------|-----------|---|
| ADULT TWO - FULL NAME _____ | BIRTH DATE _____ | AGE _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD ONE - FULL NAME _____ | BIRTH DATE _____ | AGE _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD TWO - FULL NAME _____ | BIRTH DATE _____ | AGE _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD THREE - FULL NAME _____ | BIRTH DATE _____ | AGE _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| CHILD FOUR - FULL NAME _____ | BIRTH DATE _____ | AGE _____ | <input type="checkbox"/> M <input type="checkbox"/> F |

JOINING FEES are a one time, non-refundable fee paid by all new or rejoining members upon application. If rejoining, member pays joining fee if membership was inactive for longer than 30 days and not paid in previous 12 months.

MEMBERSHIP FEES are non-refundable and are payable as follows (please indicate your choice):

- Quarterly, Semi-Annual, or Annual Payment-** Quarterly, Semi-Annual, or Annual membership fees will be paid in full (cash, check, or approved credit card) upon application for membership.
- Monthly Bank or Credit Card Draft-** Membership fees will be deducted each month from your checking account or credit card. Your monthly bank draft or credit card draft will continue until you complete a membership cancellation form and return all membership cards. Thirty days notice is required to discontinue your bank draft or credit card draft.

YMCA Monthly Draft Agreement

- This membership will remain in effect until I cancel it.
- I understand that in order to cancel my membership, I must give the YMCA 30 days notice, complete a membership cancellation form, and return all membership cards issued to me. I understand that my account may be drafted during this 30-day period.
- The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive at least 30 days notice prior to any such change.
- Membership cards remain the property of the YMCA and must be surrendered on demand.
- As a convenience to me, I hereby request and authorize you to pay and charge my account checks or drafts drawn on my account by and payable to the order of the YMCA. I agree that your rights in respect to each such check or draft shall be the same as if it were a check or draft drawn on you and signed personally by me. The authority is to remain in effect until revoked by me in writing, with 30 days notice, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or draft. I further agree that if any such check or draft be dishonored, whether with or without cause and whether intentionally or inadvertently you shall be under no liability whatsoever even though such dishonor results in forfeiture of membership.
- Should any membership check or draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a returned check/draft fee (current returned check/draft fee amount posted at each branch). This is in addition to any processing fee my bank may charge. The original membership fee and any processing fees due must be paid in full before my membership will be reinstated.

I have given authority to _____ at _____
(FULL NAME OF BANK) (BANK ADDRESS, CITY, STATE, ZIP CODE)

to honor preauthorized drafts drawn by you on my account for membership payments as indicated above. It is understood that your sending of a preauthorized draft to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the draft charging my account, such draft record shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, then it is understood that the payment is to be made by one in the amount of said payment.

My monthly withdrawal date will be (circle one): **1st 15th** Date _____

Amount to be withdrawn each month: \$ _____ Initialed by Member _____

Membership Agreement

I understand that the mission of The Harrison Family YMCA is to put Christian principles into practice to improve the quality of life in our communities with programs and services that strengthen the spirit, mind, and body for all. Any behavior contrary to the mission of the YMCA will not be tolerated and could result in my membership being temporarily or permanently revoked without refund. By signing below, I accept the mission of the Harrison Family YMCA and agree to conduct myself appropriately at all times while in the YMCA and/or while participating in any YMCA program.

Signature _____ Date _____ Secured By _____

Joining Fee Paid _____ Membership Fee Paid _____ Total Amount Paid _____ Raptor Scanned _____