

Last Name _____

BRANCH NUMBER

MEMBERSHIP NUMBER

JOIN DATE



**YMCA of GREENVILLE
Membership Application**

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NAME		BIRTHDATE	GENDER
FIRST	M.I. LAST NAME	D.O.B.	MALE or FEMALE

RESIDENCE		
STREET		
CITY	STATE	ZIP CODE

TELEPHONE NUMBERS/EMAIL ADDRESS	
PHONE () ()	WORK PHONE () ()
EMAIL ADDRESS	CELL PHONE NUMBER

EMERGENCY CONTACT
NAME
PHONE NUMBER

EMPLOYER
COMPANY NAME

FOR OFFICE USE ONLY	
MEMBERSHIP TYPES AND PAYMENT METHODS	
CIRCLE ONE:	Branch Flex Upstate
Adult (ages 19-64)	Family Single Parent Family
Young Adult (ages 13-23)	Youth (up to age 12)
	Senior Adult (ages 65+)
	Senior Family (ages 65+)
Payment Plan:	Annual Draft
Draft Date:	1st or 15th
<i>**Members cannot choose date of draft— it is determined by the date of joining.</i>	

BACKGROUND	
The YMCA strives to provide membership and program services to all who desire to participate. The following questions help us know the people we are serving. Answering these questions is voluntary and kept confidential.	
HOUSEHOLD INCOME <input type="checkbox"/> UNDER \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$75,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000 or more	ETHNICITY <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____

To help us serve you better, please fill out the following information.

How did you hear about the Y?

- Advertisement
 Health Fair
 Rejoining
 Wellness Works
 Corporate Member
 Direct Mail
 Program Participant
 Shrinkdown
 WalkIn/DriveBy
 Employer
 Friend
 Misc.
 Doctor Referral _____
 MGAM _____
Name of Member who Referred You

What is your reason for joining the YMCA?

- Family Programs
 Christian Emphasis
 To Get In Shape
 Competitively Priced
 Referred By A Friend
 Corporate Partner/Company Health Fair
 Convenient Location
 Doctor's Referral
 To Meet New People
 Variety of Programs

FAMILY		* Proof of dependency/joint status may be required		EMPLOYER / SCHOOL
	NAME (FIRST AND LAST, IF DIFFERENT)	BIRTHDATE	GENDER	Enter Spouse's Employer on line below (if applicable).
SPOUSE		/ /		
CHILDREN		/ /		
		/ /		
		/ /		
		/ /		

BANK DRAFT AUTHORIZATION

NAME OF BANK CUSTOMER	ROUTING AND ACCOUNT NUMBERS
Name _____	Bank Transit Routing No. : _____
	Depositor's Account No. : _____

MAILING ADDRESS OF BANK CUSTOMER (If different from address on front)

STREET _____	CITY _____	STATE _____	ZIP CODE _____
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I have given authority to _____ (Full Name of Bank) to honor preauthorized checks drawn by you on my account for membership payments as indicated above. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check 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.

SIGNATURE OF BANK DEPOSITOR AS SHOWN ON BANK RECORDS.

YMCA BANK DRAFT/MEMBERSHIP AGREEMENT

- 1. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 DAY written notice. I understand that I must turn in all of my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid or will be paying.*
- The bank draft membership is a continuous membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks notice prior to any such change.
- Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may charge.
- Membership cards remain the property of the YMCA and must be surrendered upon demand of that institution.

I understand that the YMCA of Greenville assumes no responsibility for injuries which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from participation of these activities. In consideration of the privileges of joining the YMCA, I hereby voluntarily release and discharge the YMCA of Greenville, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities. I understand the YMCA of Greenville is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

Signature of Member _____ Date _____

Signature of Staff _____ Date _____

PHOTOGRAPHY RELEASE

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use.
 Parent/Guardian Signature: _____

