



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWITZERLAND COUNTY YMCA Membership Application

Join Date: _____ Payment Option: Annual Monthly Draft

Type of Membership: Family Single Parent Family Senior Couple Senior Single SilverSneakers Adult Youth
*Please circle one

*Membership scholarships are available to qualifying individuals and families. Level of assistance is based on family income and household size. A scholarship reduces membership fees; it does not eliminate them.

1st Adult Name: _____ MI: _____ Last Name: _____ Gender: M / F Birth Date: _____

Marital Statuses: Married Single Divorced Other

Race: Caucasian/White (C) African American (AA) Hispanic (H) Asian (A) Other (O)
*Please circle one

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____ Phone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

List any medical conditions for your self or any family members who will be YMCA members:

Individuals Name: _____ Medical Condition: _____

Doctor's Name: _____ Phone: _____

How did you hear about the YMCA: _____

How many years in the community: _____

	Areas of Interest	Volunteer		Areas of Interest	Volunteer
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>
Strength training	<input type="checkbox"/>	<input type="checkbox"/>	Coaching	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	Teen Activities	<input type="checkbox"/>	<input type="checkbox"/>
Flag Football	<input type="checkbox"/>	<input type="checkbox"/>	Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Family Recreation	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>
Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Board Member	<input type="checkbox"/>	<input type="checkbox"/>			

2nd Adult Name: _____ MI: _____ Last Name: _____ Gender: M / F Birth Date: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Employer: _____ Phone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Race: Caucasian/White (C) African American (AA) Hispanic (H) Asian (A) Other (O)

*Please circle one

Family Membership Information (please list last name if different):

Dependent/Child's Name	Gender	Birth Date	Age	Race

Child/Children live with: Both Parents Mother Father Grandparent(s) Guardian Other

*Please circle one

1st Authorized Pick-Up

2nd Authorized Pick-Up

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Phone: _____

Phone: _____

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I understand that my participation in the Switzerland County YMCA is voluntary. I (we) participate at my (our) own risk. In case of any emergency, I authorize YMCA staff to obtain medical treatment at my own expense, if the emergency contact cannot be reached. The YMCA conducts regular sex offender screenings on all members, participants and guest. IF a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access. I have read and agree to follow the facility and membership rules and policies established by the YMCA as written in the YMCA Membership Guide and may lose the privileges if rules and policies are violated.

Signature: _____ Date: _____

Office Use Only

Forms:

- Membership Application Completed
- EFT Form Completed
- Healthy History Forms Completed (on all necessary members)

Membership Type: _____

Joiners Fee: _____

Pro Rate: _____

Membership Fees: _____

Total Paid: _____

Payment: Cash EFT Credit Card

Staff Signature: _____ Date: _____

SWITZERLAND COUNTY YMCA

Electronic Fund Transfer Application

What is the YMCA electronic transfer plan?

This program provides a way to budget your annual YMCA membership fees on a monthly basis. With your authorization, the membership fees are deducted monthly from an account of your choosing.

Who is eligible for the electronic transfer plan payment plan?

Any adult, 18 years of age or older, who has an account (checking, savings, credit, or debit) at a participating financial institution.

What are the benefits of such a program?

- Affordability: Monthly payments are easy on your budget.
- Convenience: You save time and mailing costs. With our automatic electronic transfer, there are no checks to write and no stopping at the membership desk every month.
- Continuous membership use: your membership will not lapse unless you decide to discontinue your participation.
- No additional fees: there is no extra charge for using the YMCA's electronic fund transfer payment plan.

How do I sign up?

By completing the electronic fund transfer application and returning it along with a voided check or voided deposit slip (if applicable) and your YMCA membership application form.

Terms and Conditions:

- I understand that this is a continuous membership plan and will remain in effect for as long as I retain the YMCA's membership cards issued to me.

Member's Initials: _____

- I understand that if I wish to terminate or change my membership in any way, I must give the YMCA a **written notice before the first of the month**, any terminations or changes to a membership taken on or after the 1st will not be processed until the following month (ie-your membership will draft again).

Member's Initials: _____

- The YMCA board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks notice prior to any such change in my membership fees.

Member's Initials: _____

- I understand to **cancel** my membership I must fill out and submit a **cancellation form to the YMCA**.

Member's Initials: _____

- I understand my electronic transfer has to be **cancelled before the first of the month**.

Member's Initials: _____

Authorization Agreement:

I hereby authorize the YMCA to initiate electronic fund entries to my:

- Checking
- Savings
- Credit Card
- Debit Card

Indicated below, and I authorize the financial institution named below to debit my account on the **15th of each month**.

Financial Institution: _____

City, State: _____

Name on Account: _____

Routing/Transit Number: _____

Bank Account Number: _____

Type of Credit/Debit Card: _____

Card Number: _____

Expiration Date: _____

This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership. I'm also aware that if for any reason my account comes back as an insufficient fund I will be charged a \$20.00 service fee per transaction.

Member's Signature: _____ Printed Name: _____ Date: _____