



Switzerland County YMCA Membership Agreement

Internal use only:

Last Name _____

First Name _____

Join Date _____

PRIMARY MEMBER INFORMATION

FIRST NAME	LAST NAME	BIRTHDATE	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NON-BINARY
RACE (Caucasian/White) (African American) (Hispanic) (Asian) (Other)		PRIMARY PHONE	
FULL STREET ADDRESS/APT#/CITY/ST/ZIP		COUNTY	EMAIL
MEDICAL CONCERNS: <input type="checkbox"/> NONE <input type="checkbox"/> ALLERGIES		EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE

SECONDARY MEMBER INFORMATION (same legal address on ID)

FIRST NAME	LAST NAME	BIRTHDATE	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NON-BINARY
RELATION TO THE PRIMARY		PRIMARY PHONE	
RACE (Caucasian/White) (African American) (Hispanic) (Asian) (Other)		EMAIL	
MEDICAL CONCERNS: <input type="checkbox"/> NONE <input type="checkbox"/> ALLERGIES		EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE

DEPENDENTS (UNDER 26)

FIRST NAME	LAST NAME	RACE	GENDER	BIRTHDATE
FIRST NAME	LAST NAME	RACE	GENDER	BIRTHDATE
FIRST NAME	LAST NAME	RACE	GENDER	BIRTHDATE
FIRST NAME	LAST NAME	RACE	GENDER	BIRTHDATE
FIRST NAME	LAST NAME	RACE	GENDER	BIRTHDATE

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> RADIO	<input type="checkbox"/> TELEVISION	<input type="checkbox"/> DRIVE BY/LIVE NEARBY	<input type="checkbox"/> MEDICAL REFERRAL	<input type="checkbox"/> PLACE OF EMPLOYMENT	<input type="checkbox"/> MEMBER/FORMER MEMBER
<input type="checkbox"/> FRIEND/FAMILY	<input type="checkbox"/> TOURISM/AIRBNB REFERENCE	<input type="checkbox"/> SOCIAL MEDIA		<input type="checkbox"/> YMCA WEBSITE	<input type="checkbox"/> Y EMPLOYEE

SELECT YOUR MEMBERSHIP

<p>DISCOUNT GROUPS</p> <p><input type="checkbox"/> Switz. County Employee</p> <p><input type="checkbox"/> Switz. County School Corp</p> <p><input type="checkbox"/> YMCA Employee</p> <p><input type="checkbox"/> Froggy Radio</p> <p><input type="checkbox"/> Town of Vevay Employees</p> <p><input type="checkbox"/> Vevay Newspaper</p>	<p>TYPE OF MEMBERSHIP</p> <p><input type="checkbox"/> YOUTH (0-17)</p> <p><input type="checkbox"/> COUPLE (2 adults in the same household)</p> <p><input type="checkbox"/> ADULT (Individual adult)</p> <p><input type="checkbox"/> SINGLE PARENT FAMIY (1 adult + dependents)</p> <p><input type="checkbox"/> FAMILY (2 adults +dependents)</p> <p><input type="checkbox"/> SENIOR SINGLE (62+)</p> <p><input type="checkbox"/> SENIOR COUPLE (2 seniors in same household)</p>	<p>NO COST INSURANCE MEMBERSHIPS</p> <p><input type="checkbox"/> SILVER & FIT</p> <p><input type="checkbox"/> SILVERSNEAKERS</p> <p><input type="checkbox"/> RENEW ACTIVE</p>
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YMCA MEMBERSHIP AGREEMENT

1. Membership is a continuous plan. I understand that this membership will remain in effect until I wish to terminate the membership
2. I understand that the YMCA of Greater Flint may terminate my membership at any time for any reason
3. I swear/affirm that I am not a registered sex offender in any jurisdiction. Any falsification of this registration form or of the signatures will result in termination of membership
4. I understand that if I wish to terminate or change my membership in any way, I must give The Y fifteen (15) days' notice by coming into the Y and make appropriate changes
5. 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 (4) weeks prior notice to any changes
6. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT

1. I hereby authorized YMCA ("The Y") to initiate debits to the bank/credit card which I add to my account
2. I agree to notify The Y about any credit cards reported stolen, expiration date changes, and address changes. I also agree to notify the Y fifteen (15) days prior to the draft date to allow for processing time
3. If there is an error in my debit, I will notify The Y within 30 days of the transaction date. The transaction will be investigated
4. Should any membership debit not be honored by my account for any reason I realized that I am still responsible for that payment
5. Outreach efforts will persist from the decline date. If three months decline with no successful contact from either party the Y has the right to inactive memberships. Percipients are still responsible for the membership fees that were declined due to a cancelation was never initiated on their own behalf.

DONATE TO OUR ANNUAL CAMPAIGN GOALS

My *monthly* contribution provides these benefits per year: Check one to add to your account

<input type="checkbox"/> \$2 Swim Lessons for a community member 	<input type="checkbox"/> \$3 Youth Sport season for a community member 	<input type="checkbox"/> \$4 Programs for after school activities for one child 	<input type="checkbox"/> \$5 Swim Safety Program for one student 	<input type="checkbox"/> Other monthly amount or <input type="checkbox"/> One time gift \$ _____ 
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Your generosity contributes to youth in the community to have an extraordinary opportunity and to ensure a brighter future for Switzerland County. We thank you.

Payment Information:

I authorize my membership fees to be deducted from my banking institution on the 15th of the month

I acknowledge that if my checking/savings, credit card or debit card is declined for non-sufficient funds (NSF), insufficient funds, or any other reason, the payment will be collected electronically by Daxko, a full-service billing program that The Y utilizes, and one return fee of \$30 will be charged to my account. This \$30 return fee will be added for payments that decline/return for insufficient funds.

- 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.
- 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).
- I understand to cancel my membership I must fill out and submit a cancellation form to the YMCA.
- (If applicable) If I am a member with the Silversneakers, Renew Active, or Silver & Fit benefits I must check in at this Y branch at least once every quarter in order to remain an active membership.

Please enroll me. I understand that my membership fees will be automatically debited from my credit card, debit card, savings account or checking account until I request otherwise. To terminate this agreement I must submit a (15)day written notice to the Y.

SIGNATURE _____

PRINT NAME _____

ACKNOWLEDGING THIS AGREEMENT IN ITS ENTIRETY