



YMCA SOUTHCOAST Membership Application

Join Date _____

**TO ENSURE THE SAFETY AND WELL-BEING OF THE CHILDREN AND FAMILIES IN OUR CARE,
ALL APPLICATIONS WILL BE SCREENED THROUGH A NATIONAL SEX OFFENDER DATABASE**

Parent/Guardian Name <small>For Youth and Teen Memberships Only - Under age 18</small>			Date of Birth	Gender	
Primary Member First Name	MI	Member Last Name	Date of Birth	Gender	
Race <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Other _____					
Mailing Address			City	State	Zip
Contact Phone			Cell Phone/Other		
Email Address					
Employer			Work Phone		
Emergency Contact			Phone	Relationship	
Emergency Contact			Phone	Relationship	
Secondary Adult First Name			Date of Birth	Gender	
Race <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Other _____					
Contact Phone			Cell Phone/Other		
Email Address					
Employer			Work Phone		

PLEASE LIST ALL INDIVIDUALS WHO LIVE IN YOUR HOUSEHOLD THAT ARE GOING TO BE ON YOUR MEMBERSHIP. PROOF OF RESIDENCY MAY BE REQUIRED.						
First Name	MI	Last Name	M F	Race	Birth Date	Relationship

Recognition

Would you like to volunteer? Yes No

Would you like to be put on our email address list and receive updates, e-news, announcements, special promotions, etc from the Y? Yes No

Would you like towel and/or locker service? Fees apply Yes No

How did you hear about the Y? Please check all that apply

- | | | | | |
|--------------------------------------|--|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Place of Employment | <input type="checkbox"/> Medical Referral | <input type="checkbox"/> Member | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Camp/Child Care | <input type="checkbox"/> TV | <input type="checkbox"/> Website | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Live in Area | <input type="checkbox"/> Donor | <input type="checkbox"/> Y Brochure | <input type="checkbox"/> Other |

Were you referred by a Y member? If so, please list member's name so they may receive credit for the referral.

Areas of Interest Please check all that apply

- | | | | |
|--|-------------------------------|--|--|
| <input type="checkbox"/> Camp/Child Care | <input type="checkbox"/> Swim | <input type="checkbox"/> Sports & Play | <input type="checkbox"/> Health & Well-Being |
|--|-------------------------------|--|--|

Office Use Only

Last Name _____

First _____

MI _____

Master ID _____

Member Type _____

Locker No _____

MEMBERSHIP AGREEMENT

In consideration of gaining membership or being allowed to participate in the activities and programs of the Y and to use its facilities, equipment, and machinery, in addition to any fee or charge, I do hereby waive, release, and forever discharge the Y and its officers, agents, employees, representatives, (collectively "the Y"), from any and all responsibilities and liability for injuries or damages to myself, including those caused by the negligent act or omission of the Y, or in any way arising out of our connected with my participation in any activity at the Y or the use of equipment at the Y. I give permission for the Y to take photographs for use in Y promotional materials while I/we participate at YMCA SOUTHCOAST facilities. I agree to adhere to all policies set forth by the Y.

Please check if you do not want photos taken of yourself/family members

Signature _____ Date _____ Staff Signature _____

Monthly EFT Draft Membership

- EFT draft is a continuous membership plan. I understand that this membership will remain in effect as long as I retain the membership card issued to me and that if I wish to terminate or change my membership in any way, I must give the Y a 30 day written notice. I understand that I must turn in all of my membership cards. A temporary card will be issued for the balance of the time I have paid or will be paying.
- The Y 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 change.
- I understand that I am still responsible for any payment plus the Y will apply a \$20 service fee should an EFT draft be declined by my bank or other financial institution. This is in addition to any fee charged by my bank or financial institution.

Checking Account Draft Information

Draft Date Circle One 1st 15th

Name on Account _____ Bank Name _____

Routing/Transit Number _____ Account Number _____

Credit Card Draft Information

Draft Date Circle One 1st 15th

Name on Card _____

Account Number _____ Exp Date _____

Type of Card MasterCard Discover VISA American Express

Cancellation Policy

All new members have a 30-day satisfaction guarantee. If you are not completely satisfied with service received at the Y, you will receive a full refund of your dues and joiner fee, when you notify us in **writing** that you wish to cancel your membership. This notification must be received no later than 30 days after your join date. **Annual invoiced payment plans will only receive a full refund of membership if it is canceled within the first 30 days of joining. No prorated refund will be given if the membership is canceled after the first 30 days of joining.** All EFT and credit card changes need to be made in writing 30 days prior to change. This includes cancellations, upgrades, downgrades, holds and billing changes.

I hereby authorize YMCA SOUTHCOAST to initiate electronic fund entries from my checking account or credit card until the Y receives a 30 day written notification from me indicating my desire to discontinue my membership.

I understand that I will provide a 30 day written notice to terminate my Y membership _____ Initials

Signature _____ Date _____ Staff Signature _____