



# 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 For Youth and Teen Memberships Only · Under age 18			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	
Secondary Adult 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 _____					
Contact Phone			Cell Phone/Other		
Email Address					
Employer			Work Phone		

Last Name \_\_\_\_\_  
 First \_\_\_\_\_  
 MI \_\_\_\_\_  
 Master ID \_\_\_\_\_  
 Member Type \_\_\_\_\_  
 Locker No \_\_\_\_\_

Office Use Only

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

**We'd like to know:**

- YES! I was referred by an active Y Member. Please list their name so they receive credit for your referral: \_\_\_\_\_
- YES! I would like towel and/or locker service (fees apply)
- YES! I'm interested in volunteer opportunities
- YES! I heard about the Y from (please select one)
 

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

**YES! I will support the Y's Annual Campaign!**  
*Every dollar donated helps children, families, and older adults take part in life-changing programs and services that successfully build a better us and a better community. Your gift makes a difference.*

# MEMBERSHIP AGREEMENT

## Additional Monthly EFT Draft – Supporting the Y’s Annual Campaign

In addition to my monthly membership fees, I would like to donate  \$2  \$5  \$10  Other \$ \_\_\_\_\_ per month to the Y’s Annual Campaign\*

\* I understand my monthly donation will continue until I provide the Y a 30 day written notice of my intent to cancel my contribution.

OR  One-time donation of \$ \_\_\_\_\_ OR Signature \_\_\_\_\_

### Your Donation will:

- Help a cancer survivor participate in the LIVESTRONG® at the YMCA program to help them enhance their spirit, mind, and body
- Give a child the opportunity to build long-lasting friendships and memories by attending Y Camp
- Support increased access to food through our Sharing the Harvest Community Fam and other hunger relief programs

## 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

## Release and Waiver of Liability/Photo Release

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 my/our connection with my/our 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 promotional photos taken of yourself/family \_\_\_\_\_ Initials

## 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 cancelled 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 \_\_\_\_\_