



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 - Circle One Male - Female - Rather Not Say Additional Identity _____
Primary Member First Name	MI	Member Last Name	Date of Birth	Male - Female - Rather Not Say Additional Identity _____
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 - Circle One Male - Female - Rather Not Say Additional Identity _____
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 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)
 - Direct Mail Place of Employment Medical Referral Y Member Yellow Pages
 - Friend Camp/Child Care TV Website Newspaper
 - Radio Live in Area Donor Y Brochure 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.

MEMBERSHIP AGREEMENT

Authorization for Electronic Funds Transfer or Credit Card Payment

In order to provide convenient monthly payments to YMCA Southcoast, the member authorizes electronic funds transfer (EFT) from specified checking or credit card in the amount due on or after the date specified. YMCA Southcoast is authorized to change the payment date or amount from time to time by giving the member thirty (30) days written notice. If membership dues are increased, the member's electronic funds transfer or charge can also be increased. **Member may cancel this authorization with thirty (30) days written notice. In no event shall a revocation of authority be effective with respect to entries the bank honors electronic funds transfer by charging the specified account or when the charge is made to the specified credit card,** the funds transfer or charge shall constitute the receipt of payment. Should any electronic transfer or charge not be honored then it is understood that payment is to be made by the member in the amount of said payment. This agreement also allows YMCA Southcoast to initiate a reversing entry to a member's account in the event that an error occurs.

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 _____ CVV _____

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

EFT Draft is a continuous membership plan. I understand that this membership will remain in effect until I wish to cancel my membership. If I wish to cancel my membership in any way, I must give the Y a 30-day written notice. 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 _____