



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				WorkPhone				
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				WorkPhone				

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

0
1
2
3
4
5
6
7
8
9
*
#

S
C
S

0
1
2
3
4
5
6
7
8
9
*
#

MEMBERSHIP AGREEMENT

Release and Waiver of Liability/Photo Release

In consideration of gaining membership or being allowed to participate in the activities and programs at 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 agree to adhere to all policies set forth by the Y.

I give permission to the Y to take photographs for use in *Ypromotional* materials while I/we participate at YMCA SOUTHCOAST facilities.

Check here if you do not want *promotional* photos taken of yourself or your family.

Signature _____ Date _____

YMCA Southcoast Electronic Funds Transfer (EFT)

To provide convenient monthly payments to YMCA Southcoast, the member authorizes electronic funds transfers (EFT) from the specified checking account or credit card for the amount due on or after the agreed payment date.

YMCA Southcoast is authorized to change the payment date or amount by providing the member with thirty (30) days' written notice. If membership dues are increased, the member's EFT or credit card charge will also be increased accordingly.

If any EFT or charge is not honored, the member remains responsible for paying the amount due by other means. This agreement also authorizes YMCA Southcoast to initiate any reversal of entries in the event of a discrepancy.

Cancellation Policy

EFT/Credit Card Draft Memberships:

EFT (Electronic Funds Transfer) memberships are ongoing and will remain active until you notify YMCA SOUTHCOAST of your desire to cancel. To cancel, a written notice must be submitted. Please note that you will still be responsible for payment for the current month's membership cycle, regardless of the cancellation date. A revoking of this authorization will not be effective for any charges already processed or honored by the bank or credit card provider. Once an EFT or credit card charge is successfully processed, it constitutes receipt of payment to YMCA Southcoast.

Annual Invoiced Memberships:

If you are on an annual invoice payment plan, a full refund will only be issued if you cancel within the first 30 days of joining. No prorated refunds will be provided for cancellations made after the first 30 days.

Billing Changes:

All changes to EFT or credit card billing information, including cancellations, upgrades, downgrades and account holds must be submitted in writing. These changes will take effect during the current billing cycle only if the payment has not yet been processed.

Credit/Debit Card Draft Information

Draft Date (circle one) 1st or 15th

Name on Card _____ Type of Card: Amex Discover MC Visa

Card Number _____ Exp Date _____ **CW**

Alternate Payment Method: Bank Routing # _____ Account # _____

Bank Name _____

Authorization:

By agreeing to this policy, you authorize **YMCA SOUTHCOAST** to initiate electronic payments from your checking account or credit card on a recurring basis until you submit written notice requesting to end your membership.

Signature _____ Date _____ Staff _____