



MEMBERSHIP FEES ARE NOT TRANSFERABLE OR REFUNDABLE.

SOUTHERN BOONE AREA YMCA Membership Application

YMCA: 3 Months 6 Months Continuous
 Family/Couple
 Corporate Group: Employer _____ Adult/SP Family
 One Y: Home YMCA _____ Senior Couple
 SilverSneakers*: Healthways # _____ (*sign Healthways release) Youth/Senior
 Other _____

APPLICANT: Married Single Date _____

Last Name	First Name	MI	Home Phone	Business Phone
Street/City/State/Zip				
	Date of Birth		Gender (please circle)	Employer/School
			Male / Female	
Primary Email Address				

SPOUSE:

Last Name	First Name	MI	Employer/School	Business Phone
Date of Birth		Gender (please circle)		Email Address
		Male / Female		

FAMILY MEMBERS: Dependent parents and grandparents living in the home, dependent children 23 years of age and younger and disabled family members living at home. Proof of dependency may be required.

Last Name	First Name	MI	Relationship	Date of Birth	Gender	School
					M / F	
					M / F	
					M / F	
					M / F	

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: (A person not on your membership.)

Name	Relationship	Home Phone	Business Phone

I AM INTERESTED IN: Personal Training Group Exercise Other _____

PHOTO RELEASE: I hereby consent and agree that moving or still pictures may taken of me by YMCA staff members (and whomever they may designate) to be used and displayed at their discretion for marketing/public relations purposes.

PATRON ACCEPTANCE OF COLLECTIONS COSTS: Payment for services are due in advance. Payment not received by the specified deadline or as a result of an insufficient check may be subject to collections activity by a collections agency and/or attorney. If such should occur, patron agrees that he/she shall be responsible for any and all of the Southern Boone Area YMCA's expenses, including, but not limited to, collection costs, court costs and attorney's fees, whether or not litigation is commenced.

RELEASE: I, the undersigned, request permission for _____ (Member names) to enter Southern Boone Area YMCA (hereinafter "the YMCA") in Boone County, Missouri and to participate in any YMCA activities, including but not limited to: YMCA Fitness Center and all sporting and recreational activities. I know and I assume any and all risks related to my participation in the above activities, whether such risks arise while on or off the YMCA premises.

In consideration of the permission granted to enter the YMCA premises and/or participate in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as, all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presence on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arise from the negligence or fault of the YMCA.

I represent and certify that I am 18 years of age or older, and that my attendance and participation in YMCA activities is voluntary.

I CERTIFY THAT I HAVE READ AND I UNDERSTAND THE FOREGOING REQUEST/RELEASES.

In witness whereof, I have executed this request and release on this _____ day of _____, 20_____.

Applicant (18 years or older)

Parent or Guardian, If Minor

Spouse

AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR YMCA & AFFILIATE PAYMENTS

DAY OF WITHDRAWAL - MONTHLY 1st

NAME OF CUSTOMER

MAILING ADDRESS OF CUSTOMER (STREET CITY STATE & ZIP CODE)
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MEMBERSHIP/PROGRAM	MONTHLY PAYMENT
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I HAVE GIVEN AUTHORITY TO:

FULL NAME OF BANK/CREDIT CARD

ADDRESS, CITY, STATE AND ZIP

to honor preauthorized checks drawn by you on my account for membership/program payments as indicated above. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership/program. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment.

ACCOUNT NO.

BANK TRANSIT NO.

Please attach a voided check or a letter from your bank stating the routing and account numbers.

Checking
A voided check must be attached

Savings
A savings deposit slip must be attached.

Begin Draft _____ @ \$ _____

Change Draft _____ @ \$ _____

Date

Member Signature

Staff Signature

YMCA MEMBER & AFFILIATE AGREEMENT

1. I understand:
 - initial this is a continuous membership and I am committing to maintain it for at least one year. Should I cancel my membership before making 12 monthly payments, I will pay either the joining fee or the balance of the year's membership dues. **This final payment will be drafted from my account.**
 - initial at this time I am paying the joining fee designated for my membership type.
2. Membership dues are neither refundable or transferable.
3. It is to my complete understanding that if I wish to terminate or change my membership/program in any way, I must give written notice in person. **Bank drafts for membership dues and/or program fees must be cancelled in writing by the 25th day of the calendar month to be effective for the forthcoming month.** Drafted amounts are not refundable except in the case of double drafts or incorrect amounts.
4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership/program. I understand that I will receive at least 30 days written notice prior to any such change.
5. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.

The YMCA Outreach Fund helps kids and families participate in Y activities.

I would like to add \$1 to my monthly bank draft to be donated to the Outreach Fund.

I would like to make a one time donation of: \$5 \$10 \$25 \$50 \$_____

Your contribution is appreciated. All gifts are tax deductible.

FOR OFFICE USE ONLY

DATE _____

MEMBERSHIP TYPE:	
	Fees Paid
<input type="checkbox"/> Commitment <input type="checkbox"/> Joining Fee	
Membership Fee Paid at Joining (pro-rated)	
Total Paid	
Receipt Number	
Monthly Bank Draft Amount	
Payment Method <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Charge	
Staff Initials	