YMCA MEMBERSHIP APPLICATION

the Y
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

☐ **Central**
☐ **Davis**

Last _____ First _____ Initial _____ Birth Date ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Employer _____

Phone Numbers

Daytime: _____

Evening: _____

Cell: _____

In case of emergency, notify _____ Relationship _____ Phone _____

E-mail Address _____

For Family Memberships, please complete the following:

	Name	M/F	Birth Date	Employer	Key Fob #
Spouse			/ /		
Child			/ /		
Child			/ /		
Child			/ /		
Child			/ /		

Referred by _____

PAYMENT OPTIONS

☐ MONTHLY BANK DRAFT

☐ ANNUAL PAID IN FULL

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BANK DRAFT AUTHORIZATION

Please read and initial each

_____ I understand that the YMCA monthly bank draft is an **AUTOMATIC RENEWAL** membership plan and I understand that this membership will remain in effect and will continue to be drafted until I give a **15-day written** notification (15 days prior to draft date) of termination to the YMCA. If canceling by mail or fax, I am required to call the Membership Office to verify that it was received.

_____ I understand that I will receive at least a 15-day notice prior to any change in my draft amount.

_____ I understand that incorrect draft amounts or drafts that occur after the termination date must be reported within 60 days of written termination or from the last bank statement or the YMCA will not be liable.

_____ I understand that should any membership draft not be honored at my bank for any reason, I am still responsible for that payment plus a $20 service charge applied by the YMCA. This is in addition to any service fee my bank may charge. The YMCA will only submit my draft for the current month one time.

_____ I understand that it is my responsibility to notify the YMCA of any account or address changes. Account changes must be reported in person and new paperwork filled out 15 days prior to payment being drafted from new account.

By signing below, I verify that I understand the YMCA Draft policy on this card and authorize my bank account to be automatically drafted.

_____ Signature _____ Date

Name (on account) _____

Member's Name (if other than above) _____

Bank Name _____

Bank Routing Number | | | | | | | | | |

Mem. ID_____ Mem. Code _____

Draft Start _____/_____/_____

Draft Amt. $ _____

Staff Initial _____

☐ Checking ☐ Savings Account Number | | | | | | | | | | | | | | | |

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