

Join Date	Type of Membership	Health Insurance Number (if applicable):		
Renewal Date		Corporate Discount: Yes or No _____%	<b>RIGHT START</b>	<b>Y      N</b>

First Name		Last Name		Sex F      M	Date of Birth /   /
<b>Home Address</b>		Street			
		City, State, Zip Code			
Home Phone Number		Cell Phone Number		E-mail Address	
<b>Spouse / Parent (if Youth) Info</b>		First Name		Last Name	
		Date of Birth /   /	Sex M   F	Cell Phone Number	
<b>Employer</b>				<b>Spouse's Employer</b>	
<b>Emergency Contact Name</b>				<b>Emergency Contact Phone Number</b>	
Child's Name		Date of Birth	Sex	Child's Name	
Annual Memberships must be kept for extent of contract. A 30 DAY WRITTEN NOTICE IS REQUIRED TO CANCEL. MEMBERSHIPS ARE NON-REFUNDABLE.					

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing, I acknowledge that the New Member Handbook located at [www.unioncountyyymca.org](http://www.unioncountyyymca.org), lists the policies of the Union County Family YMCA and that I am responsible for the information contained in the handbook. The information in the Handbook is subject to change without notice. It is understood that these changes may modify or eliminate policies and procedures contained herein.

**Signature**

**Date**

### INFORMATION CONSENT & RELEASE STATEMENT

"In consideration of my participation in the activities of the Union County Family YMCA, I do hereby declare myself (and/or my dependent (s)/ spouse) to be medically able to participate in the activities of the Union County Family YMCA. I understand that there are risks involved in all physical activities and I agree to familiarize myself (and/or family) with all equipment, facilities, rules, and physical demands related to the activities I/we undertake. I agree to hold free from any and all liability the Union County Family YMCA and its respective officers, employees, members, volunteers and sponsors and do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA."

**Signature**

**Date**

## DIRECT WITHDRAWAL AUTHORIZATION FORM

I authorize you and the financial institution named below to automatically withdraw my monthly payments according to the instructions listed below from my account. This authority will remain in effect until I give a 30-day written notice to the YMCA.

<b>Checking or Savings Account (circle one)</b> Draft Date: 5th or 20th	Institution Name:
Routing Number:	Institution Location:
Account Number:	Monthly Payment: \$
Signature:	Date:

<b>Debit or Credit Card (circle one)</b> Draft Date: 5th or 20th	Type (circle one): VISA Mastercard Discover
Last 4 digits of CC:	
Expiration Date:	Monthly Payment: \$
Name on Account:	
Signature:	Date:

### READ AND INITIAL

1) As an annual membership holder of the Union County Family YMCA, I agree to keep the membership active for the extent of contract. (No Refunds)

2) It is the members' responsibility to cancel the membership in writing 30 days in advance of their end date. One last draft will fall within that 30 days per our system process.

3) The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership type. I understand that I will receive at least four weeks notice prior to the rate adjustment.

4) It is the members' responsibility to advise the YMCA 30 days in advance of any changes to their banking account or membership in writing.

5) Should my bank for any reason not honor any membership draft, I realize that I am still responsible for the draft plus a \$30.00 service fee applied to the YMCA. This is in addition to any service fee that my bank may assess to my account.

6) The monthly bank draft will take place beginning on the 5th or 20th of each month, as I have chosen, after my initial down payment.

7) Should a monthly payment be returned, I understand that the YMCA reserves the right to process again my returned draft payment until payment is collected. The YMCA is not responsible for any overdraft fees this may cause.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Updated 9/15/20*