



**BANK DRAFT AUTHORIZATION**

NAME OF BANK CUSTOMER	ROUTING AND ACCOUNT NUMBERS
Name _____	Bank Transit Routing No. : _____
	Depositor's Account No. : _____

**MAILING ADDRESS OF BANK CUSTOMER (If different from address on front)**

STREET _____	CITY _____	STATE _____	ZIP CODE _____
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I have given authority to \_\_\_\_\_ (Full Name of Bank) to honor preauthorized checks drawn by you on my account for membership 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. 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 one in the amount of said payment.

SIGNATURE OF BANK DEPOSITOR AS SHOWN ON BANK RECORDS.

**YMCA BANK DRAFT MEMBERSHIP AGREEMENT**

- The bank draft membership is a continuous membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me.
- It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 DAY written notice. I understand that I must turn in all of my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid or will be paying.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks notice prior to any such change.
- Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may charge.
- Membership cards remain the property of the YMCA and must be surrendered upon demand of that institution.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Staff \_\_\_\_\_ Date \_\_\_\_\_

**YMCA MEMBERSHIP AGREEMENT**

I understand that the YMCA of Greenville assumes no responsibility for injuries which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from participation of these activities. In consideration of the privileges of joining the YMCA, I hereby voluntarily release and discharge the YMCA of Greenville, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities. I understand the YMCA of Greenville is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

SIGNATURE OF YMCA MEMBER

**For Office Use Only:**

Date	Membership Type	Receipt Number	Staff Name

Last Name \_\_\_\_\_

BRANCH NUMBER

MEMBERSHIP NUMBER

JOIN DATE



# YMCA of GREENVILLE Membership Application

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## NAME BIRTHDATE GENDER

FIRST	M.I.	LAST NAME	D.O.B.	MALE or FEMALE
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## RESIDENCE

STREET		
CITY	STATE	ZIP CODE

## TELEPHONE NUMBERS/EMAIL ADDRESS

HOME PHONE ( )	BUSINESS PHONE ( )
CELL PHONE ( )	EMAIL ADDRESS

## EMERGENCY CONTACT

NAME
PHONE NUMBER

## EMPLOYER

COMPANY NAME	POSITION/TITLE
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## FOR OFFICE USE ONLY

### MEMBERSHIP TYPES AND PAYMENT METHODS

CIRCLE ONE: Branch      Metro      Upstate

Adult (ages 19-64)    Family    Single Parent    Family    Teen (ages 13-18)  
College (proof required)    Youth (up to age 12)    Senior Adult (ages 65+)

Payment Plan:      Annual      Draft      6 Month  
Draft Date:              1st              15th

*\*\*Members cannot choose date of draft—it is determined by the date of joining.*

## BACKGROUND

The YMCA strives to provide membership and program services to all who desire to participate. The following questions help us know the people we are serving. Answering these questions is voluntary and kept confidential.

<b>HOUSEHOLD INCOME</b>	<b>ETHNICITY</b>
<input type="checkbox"/> UNDER \$15,000	<input type="checkbox"/> Caucasian
<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> African American
<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> Hispanic
<input type="checkbox"/> \$35,000-\$49,999	<input type="checkbox"/> Native American
<input type="checkbox"/> \$50,000-\$74,999	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> \$75,000-\$99,999	<input type="checkbox"/> Other _____
<input type="checkbox"/> \$100,000-\$149,999	
<input type="checkbox"/> \$150,000 or more	

## TOTAL MEMBERSHIP VALUE

\$ _____	Joining Fee
\$ _____	Membership Prorate Amount
\$ _____	Membership Fee
\$ _____	Locker
\$ _____	Open Doors Donation
\$ _____	Other Fee(s)
\$ _____	<b>Total Payment Collected</b>
Receipt # _____	
Staff Name _____	

To help us serve you better, please fill out the following information.

How did you hear about the Y?

Advertisement     Health Fair     Rejoining     Wellness Works     Corporate Member     Direct Mail     Program Participant     Shrinkdown     WalkIn/DriveBy  
 Employer     Friend     Misc.     Doctor Referral \_\_\_\_\_     MGAM \_\_\_\_\_  
Name of Member who Referred You \_\_\_\_\_

What is your reason for joining the YMCA?

Family Programs     Christian Emphasis     To Get In Shape     Competitively Priced     Referred By A Friend     Corporate Partner/Company Health Fair  
 Convenient Location     Doctor's Referral     To Meet New People     Variety of Programs

## FAMILY \* Proof of dependency/joint status may be required EMPLOYER / SCHOOL

NAME (FIRST AND LAST, IF DIFFERENT)	BIRTHDATE	GENDER	Enter Spouse's Employer on line below (if applicable).
SPOUSE	/ /		
CHILDREN	/ /		
	/ /		
	/ /		
	/ /		