



YMCA of Western North Carolina
MEMBERSHIP AGREEMENT

Branch Number

YMCA Identification Number

Today's Month/Day/Year

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PRIMARY MEMBER NAME			
Title (Mr., Ms., Dr.)	First Name	MI	Last Name

RESIDENCE			
Street	City	State	Zip Code
Home Phone ()	Email		

EMPLOYER	
Company Name	Work Phone ()

EMERGENCY CONTACT	
Name	Phone Number ()

BACKGROUND	
Gender (please circle one) Male Female	Birthdate _ / _ / _
The YMCA strives to provide memberships and programs to all who desire to participate. The following confidential questions enable us to better serve our members and our community. It is also necessary information as we apply to different funding sources for assistance. Answering the following questions is voluntary, but appreciated.	
<u>HOUSEHOLD INCOME</u> <input type="radio"/> Less than \$15,000 <input type="radio"/> \$15,000 to \$29,999 <input type="radio"/> \$30,000 to \$49,999 <input type="radio"/> \$50,000 to \$74,999 <input type="radio"/> \$75,000 or more	<u>ETHNIC BACKGROUND</u> <input type="radio"/> Black or African American <input type="radio"/> Hispanic or Latino <input type="radio"/> America Indian or Alaska Native <input type="radio"/> Asian or Pacific Islander <input type="radio"/> White or Caucasian <input type="radio"/> Other _____

INTERESTS	
I am interested in receiving information about the following:	
<input type="radio"/> Youth Sports <input type="radio"/> Teen Programs <input type="radio"/> Child Care / Day Camp <input type="radio"/> Family Programs	<input type="radio"/> Volunteer Opportunities <input type="radio"/> Wellness/Group Exercise <input type="radio"/> Aquatics <input type="radio"/> Adult Sports
We rely on volunteers to help us achieve our mission. If you are interested in getting involved, please list your areas of interests:	

How did you hear about our YMCA?	
<input type="radio"/> Radio <input type="radio"/> TV	<input type="radio"/> Newspaper <input type="radio"/> Mail
<input type="radio"/> Internet/Email <input type="radio"/> Word of Mouth	<input type="radio"/> School <input type="radio"/> Do not know
Would you like to know more about our YMCA's Healthier Communities Campaign?	
<input type="radio"/> Yes	<input type="radio"/> No

PARTICIPATING MEMBERS		
Name (Last, if different)	BIRTHDATE	SEX
1.)	/ /	
2.)	/ /	
3.)	/ /	
4.)	/ /	
5.)	/ /	
6.)	/ /	
7.)	/ /	

CENTER INFORMATION
Which YMCA Facility do you and/or your family plan to use most of the time:
<input type="radio"/> Asheville <input type="radio"/> Corpening (McDowell County) <input type="radio"/> Reuter (South Asheville area) <input type="radio"/> Neighborhood Y at Woodfin

MEMBERSHIP TYPE
Which Membership Type are you choosing:
<input type="radio"/> Adult <input type="radio"/> Family/Household <input type="radio"/> College <input type="radio"/> Teen <input type="radio"/> Youth

I hereby, for myself, my household, my family, heirs, executors and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina (YMCA) and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me, my household, or my family in connection with participation in YMCA activities and programs.

I understand that the YMCA assumes no responsibility for injuries or illnesses which, I, my household or family may sustain as a result of our physical condition, or resulting from our observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses for myself, my household or family, which may result from participation in these activities.

The management of the YMCA has the right to suspend and/or terminate any membership for non payment of dues or fees. The YMCA also has the right to suspend and/or terminate any membership for behavior that interferes with the enjoyment of the YMCA for others.

I grant full permission to the YMCA to use any photographs, tape or video recordings taken of me, my household, or my family.

I agree on behalf of myself, my household, my family with the YMCA policies and procedures and understand that my/our household membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

Signature _____
Parent of legal guardian must sign if applicant is under 18 years.

Date ___/___/___



YMCA of Western North Carolina DRAFT AGREEMENT

Branch Number

YMCA Identification Number

Today's Month/Day/Year

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MEMBER INFORMATION

Title (Mr., Ms., Dr.)	First Name	MI	Last Name	
Street	City		State	Zip Code
Home Phone ()	Work Phone ()			

PAYMENT SELECTION

___ Month-to-Month Membership: Monthly dues for the membership selected are \$_____ per month. Monthly dues will be electronically drafted on the 1st or 15th of every month. My draft is continuous unless I give the YMCA a 30-Day Written notice prior to my draft date to cancel.

___ Well-Being Membership Agreement: Monthly dues for the membership selected are \$_____ per month. I agree and understand my membership will be for 12 months and be paid on a month-to-month basis. At the end of 12 months, my membership will automatically renew to a month to month term. I must give the YMCA 30-Day Written notice prior to my draft date (after the 12 month agreement ends) to cancel.

___ Annual Membership: Annual Memberships are valid for 1 year from the date of initiation. Annual Memberships will automatically expire and must be renewed through establishment of annual payment or a month-to-month draft. Annual Membership rate for the selected membership type is \$_____. This payment must be paid in full at point of sale.

Signature: _____ Date ___/___/___
Parent of legal guardian must sign if applicant is under 18 years.

DRAFT AGREEMENT

- YMCA bank or credit card draft is a continuous, perpetual membership plan. I understand that my membership does not expire. It is my complete understanding that if I wish to cancel or change my membership in any way (including draft information), I MUST GIVE THE YMCA 30-DAY WRITTEN NOTICE PRIOR TO MY DRAFT DATE (forms are located at the front desk).
- I understand there are NO refunds given. It is my responsibility to check my monthly account statement and report any corrections within 30 days to the YMCA. I also understand that I will not receive a statement or billing for my YMCA membership.
- The 12 Month Well-Being Membership Agreement is not eligible for bank draft cancellations until month 13 of membership.
- Should my membership draft not be honored for ANY REASON, I realize that I am still responsible for that payment plus a service fee. This is in addition to any service fee I may be charged by my financial institution. As a drafting member, I must provide a valid second form of payment. The YMCA's recovery systems will charge my outstanding fees from the second form of payment provided. If payment is not received within 30 days, my membership will be terminated immediately. Once all fees are collected, my membership and draft will be reactivated.

Signature: _____ Date ___/___/___
Parent of legal guardian must sign if applicant is under 18 years.

OFFICE USE ONLY

Membership Type _____

Joining Fee Amount \$_____ Draft Amount \$_____ Beginning Draft Date ___/___/___

Well-Being Appointment Date ___/___/___ Time: ____:____ am/pm Healthy Living Coach _____

Primary Drafting Payment Method: Checking Savings Credit Card

Second Form of Payment: Checking Savings Credit Card

Staff Signature: _____ Date ___/___/___