Membership Application

☐ Annual ☐ PD ☐ College
☐ Bankdraft ☐ CC Draft ☐ Semi Annual

Name: _____ Gender: _____
(Last) (First) (MI)

Ethnicity (Please Circle): Asian African American Hispanic Native American Caucasian Other

Address: _____
(Address) (City) (State) (Zip)

County: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Birth Date: _____/_____/_____ Age: _____

Employer: _____ Emergency Contact Name/Phone: _____

Please help our marketing efforts: Did any of these influence your decision to join the Y?

☐ Direct Mail ☐ Radio Ad ☐ Newspaper Ad ☐ Referral from a Friend _____
Name of Friend

☐ Other _____

Name of 2nd Adult: _____ Gender: _____
(Last) (First) (MI)

Cell Phone: _____ Birth Date ___/___/____ Age: _____

Email Address: _____

Dependent Children (claimed on your income tax):

Name: _____Gender: ____Birthdate: ___/___/___ Age: ____ Grade: _____

Name: _____Gender: ____Birthdate: ___/___/___ Age: ____ Grade: _____

Is any individual listed on this application currently listed on the NC Sex Offender Registry? Yes ___No___

I understand my membership is not a "contract" and I can terminate at any time. Furthermore, I understand in order to terminate my membership, it is my responsibility to notify the Y in writing 30 days in advance.

_____ _____
Member's Signature Date

For Office Use Only:

Date: _____ Receipt # _____ Joining Fee: $_____ + Month: $_____ Total Paid: $_____

Member Code: _____ First Draft: _____ Staff _____

MEMBERSHIP DIRECT DRAFT AUTHORIZATION AND MEMBERSHIP AGREEMENT

1. Account Information: ☐ New Membership ☐ Updating Payment Information

I (we) hereby authorize the Stanly County Family YMCA to make the following pre-authorized debit transactions against my (our):

☐ Credit (Drafts on the 15th of the month). ☐ Visa ☐ Mastercard ☐ Am Exp ☐ Discover
(Copy of credit card is attached)

☐ Checking Account (Drafts on the 15th of the month)
(Voided check is attached)

2. Payment Information:

Date drafts are to begin: _____ _____ Monthly Draft: $_____
Month Year

3. Terms and Conditions—I further agree to the terms and conditions stated below:

- I understand it is my responsibility to notify the Stanly County Family YMCA of my intent to cancel my membership. No membership dues will be refunded when facilities are not used. **Initial** _____
- In the event I want to cancel my membership and/or this draft authorization, I will provide the Y a written notice 30 days prior to the last draft. The Y may cancel this authorization at any time by sending a written notice of cancellation. **Initial** _____
- If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next working day. **Initial:** _____
- If the specified account does not have sufficient available funds on the day of the Y draft, a $30 service fee will be assessed to your account. **Initial:** _____

4. Payment in Full (Only complete if paying in full or semi annually)

Memberships paid in full are invoiced for annual renewal approximately 30 days prior to renewal date. Renewal payments are due on renewal date. If membership should lapse 30 days beyond the renewal date a joining fee will be charged upon rejoining. **Initial:** _____

5. Do you want to donate to our annual Strong Communities Campaign? ☐ Yes ☐ No

☐ One time donation - amount to be added to your first month's membership draft: $_____

☐ Monthly donation - amount to be added to each month's membership dues: $_____

☐ Add my donation of $_____ to my annual membership payment.

6. Membership Agreement

The Stanly County Family YMCA is a charitable nonprofit membership organization. Dues are paid by monthly bank drafts, or payments semi-annually/annually. Joining fees are a non-refundable processing fee. I understand the Y will have no liability or responsibility for any personal injuries, or loss or damage to personal property, sustained by the member while using the Y facilities. I also agree to abide by the rules, regulations, and member code of conduct of the Stanly County Family YMCA. Hand-key entry is required to enter the facility.

Account Owner's Signature _____**Date:** _____