



YMCA Membership Information Form

Branch _____

Date _____

Master-Person ID --

Group ID

Member Information

Last Name _____

First Name _____

Membership Type _____

Join Date _____

Address _____

City _____

State _____ Zip _____

E-Mail Address _____

Sex Male / Female _____

Date of Birth _____

Home Phone _____

Employer / School _____

Work Phone _____

Emergency Contact _____

Emergency Phone _____

* Signature _____

Other Family Members

Name	Sex	Date of Birth	Employer / School	Phone	Comment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Payment Method (check only one)

Bank Draft (attach check) Draft

Annual / Full Pay (nonrefundable)

Start Date _____

Expiration Date _____

Authority to Draw ACH Debts or Drafts for Membership Payments

Name of Bank Customer _____

Savings or Checking _____

Account # _____

Bank Routing # _____

I have given authority to _____
Full Name of Bank

at _____
Bank Address, City, State, Zip

to honor pre-authorized checks drawn by you on my account for membership payments as indicated above. It is understood that your sending of a pre-authorized 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 pre-authorized 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.

Branch	Draft Date	Cancel Date
Charlotte Avenue	Draft on 10th	Cancel by 5th
Chester	Draft on 10th	Cancel by 5th
Clover	Draft on 10th	Cancel by 5th
Gold Hill / Fort Mill	Draft on 10th	Cancel by 5th
Wellness Center	Draft on 10th	Cancel by 5th
York	Draft on 10st	Cancel by 5th

*Signature of Bank Depositor _____
As Shown on Bank Records

YMCA Membership Agreement

- I understand that this is a continuous membership plan. In order to cancel, I must give written notice.
- It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give YMCA written notice by date listed in the chart above. 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 responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make.
- By agreeing to this membership plan, I authorize the use of my picture or likeness in YMCA publications and promotions.
- The board reserves the right to revoke or deny membership to any individual who fails to live up to the standards and commitments of the YMCA.

*Optional