

Branch _____



Upper Palmetto YMCA New Membership Form

Trinexum ID # _____

Date _____

Membership Type _____

Has your Membership been previous listed as another name? Yes ___ No ___ If yes, what name? _____

NEW MEMBERSHIP

FIRST NAME _____

HOME PHONE _____

LAST NAME _____

CELL PHONE _____

MIDDLE INITIAL ___ Mr. ___ Miss ___ Ms. ___ Mrs. ___ Dr. ___

WORK PHONE _____

CASUAL NAME _____

EMERGENCY CONTACT _____

MALE ___ FEMALE ___ DATE OF BIRTH _____

EMERGENCY PHONE _____

EMAIL _____

EMPLOYER/SCHOOL _____

ADDRESS _____

SILVER SNEAKERS ID# -16 digits (if applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OTHER HOUSEHOLD MEMBERS to be included on the membership (must reside at the same household)

| NAME | GENDER | DATE OF BIRTH | EMPLOYER/SCHOOL | RELATIONSHIP |
|-------|--------|---------------|-----------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PAYMENT METHOD (check only one)

DRAFT (*bank or credit card)

*Attach voided check
***Complete Draft Form**

ANNUAL/FULL PAY
(Non-refundable)

Expires _____

Upper Palmetto YMCA Financial Assistance Campaign (Donations are tax-deductible)

The Upper Palmetto YMCA is a non-profit organization whose sole purpose is to improve the quality of life in our community. The YMCA provides assistance to families and individuals that could benefit from participation at the Y, but do not have the ability to pay for full membership rates and/or program fees. Our community needs are constantly growing and we need your help. Please include a one-time donation of the following amount for the Upper Palmetto YMCA Financial Assistance Campaign:

_____ \$5 _____ \$10 _____ \$15 _____ \$20 \$ _____ other

***Drafts are on the 5th of each month and must be canceled by the last day of the previous month.**

Example: To cancel your membership for July, you must cancel in person at the branch on or before June 30th.

YMCA MEMBERSHIP AGREEMENT

1. It is to my complete understanding that this is a continuous membership plan. If I wish to terminate my membership, I must complete the **Upper Palmetto YMCA Membership Draft Cancellation Form** and submit it **in person** to the nearest Upper Palmetto YMCA Branch by the last day of the previous month. I will receive temporary cards for the remainder of membership days I have paid or will be paying.
2. If I wish to change my membership in any way, I must complete the **Upper Palmetto YMCA Membership Change Form** and submit it **in person** to the nearest Upper Palmetto YMCA Branch before the last day of the previous month.
3. 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.
4. Should any membership draft not be honored by my bank or credit card company 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 or credit card company may charge.
5. By agreeing to this membership plan, I authorize the use of my picture or likeness in YMCA publications and promotions.
6. 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.
7. I understand that if I terminate my annual membership prior to the expiration date, I will not receive a refund.

SIGNATURE _____