Branch_____ Date_____

Upper Palmetto YMCA
New Membership Form

Customer ID # _____

Membership Type _____

Has your membership been previously listed as another name? Yes ____No _____ If yes, what name? _____

NEW MEMBERSHIP

PRIMARY FIRST NAME_____

MIDDLE NAME (Full) _____

LAST NAME _____

PRIMARY'S EMPLOYER_____

MALE____ FEMALE____ DATE OF BIRTH_____

EMAIL_____

ADDRESS _____

ADDRESS _____

CITY _____STATE _____ZIP_____

HOME PHONE_____

CELL PHONE _____

WORK PHONE _____

EMERGENCY CONTACT_____

EMERGENCY PHONE_____

SILVER SNEAKERS or SILVER & FIT ID#

_____

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

FULL NAME	GENDER	DATE OF BIRTH	EMPLOYER/SCHOOL	RELATIONSHIP

PAYMENT METHOD (check only one)

BANK OR CREDIT CARD DRAFT ☐
*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 fifth of each month and must be cancelled 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 30. (Initial Here)

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 month.
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 a four week 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. In the event of a failed credit card draft, I understand that the YMCA will make 3 additional attempts to collect on the tenth, fifteenth and twentieth of the month.
6. By agreeing to this membership plan, I authorize the use of my picture or likeness in YMCA publications and promotions.
7. 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.
8. I understand that if I terminate my annual membership prior to the expiration date, I will not receive a refund.

SIGNATURE _____

WHITE COPY— YMCA YELLOW COPY—CUSTOMER

YMCA MISSION: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.