

**the**

YMCA OF MEMPHIS & THE MID-SOUTH MEMBERSHIP APPLICATION

PLEASE PRINT

BILLABLE MEMBERName: _____ Sex: M F Birthdate: ____ / ____ / ____
First M Last

Casual Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Single Married Ethnicity: Asian Hispanic Multiracial Other
 Native American _____ By providing your email address to the YMCA, you will have access to YMCA online services and will receive YMCA e-newsletters.

Email Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Medical Alert Information: _____

SPOUSE INFORMATION*

Name: _____ Sex: M F Birthdate: ____ / ____ / ____
First M Last

Casual Name: _____ Phone: _____ Email: _____

Employer: _____ Ethnicity: Asian Hispanic Multiracial Other
 Native American _____

IRS DEPENDENTS*

Family Member Names	Relation	Sex	Birthdate	Ethnicity

*** It is the policy of the YMCA of Memphis & the Mid-South that all family members listed on a YMCA family membership must be IRS dependents of the billable member listed above. Proof may be required.**

HOW DID YOU HEAR ABOUT THE YMCA?

- TV
- Radio
- Newspaper or Magazine
- Mailing/Postcard
- Online
- YMCA Website
- Employer
- Member Referral
- Drive By
- Doctor
- I was a previous member
- Other _____

JOINING FEE

- Pay in full today
- Pay a minimum of one-third today and the balance will be added to your first two drafts.
- Senior Discount
- Corporate Discount

OPTIONAL FEES (At Select Branches)

Locker # _____	<input type="checkbox"/> Bankdraft
Size _____	<input type="checkbox"/> Annual
	<input type="checkbox"/> 6 Month

OFFICE USE ONLY

Date ____ / ____ / ____ Branch _____

Open Doors Income Level

<input type="checkbox"/> <\$20,000	<input type="checkbox"/> \$40,000-\$49,999
<input type="checkbox"/> \$20,000-\$29,999	<input type="checkbox"/> \$50,000-\$59,999
<input type="checkbox"/> \$30,000-\$39,999	<input type="checkbox"/> ≥\$60,000

Staff _____

Mbr Type _____ Mbr # _____

Next Bill Date: _____ Corporate: _____

 Epay 6 month Annual Monthly

Receipt # _____ Amount Paid _____

Para obtener esta información en español, por favor pídale al personal de recepción.

AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR MEMBERSHIP PAYMENTS

Name on Bank/Credit Card Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Credit/Debit
Billing Address (On Account)	
PLEASE NOTE: 30 days advance notice from draft date in person or by a registered letter for cancellation.	
Joining Fee Draft	1st mth ____ 2nd mth ____ N/A ____
Membership	\$ ____
Optional Fee 1	\$ ____
Optional Fee 2	\$ ____
Total Monthly Draft	\$ ____

BANK DRAFT	Depositor's Account Number _____
	Bank Route & Transit Number _____
CREDIT CARD	CC ending in _____ Exp ____ / ____
	<input type="checkbox"/> V <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc

I have given authority to my financial institution to honor preauthorized checks/drafts drawn by the YMCA on the above account for membership payments. I understand that the sending of a preauthorized check/draft to my financial institution as a payment becomes due shall constitute valid notice of such payment due on this membership. When the financial institution honors the check/draft by charging my account, such check/draft shall constitute my receipt for the payment. Should any preauthorized check/draft not be honored by said financial institution, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. Membership fees subject to change with a 30 day written notice to member.

Signature of Bank Depositor/Account Holder: _____

WAIVER

The YMCA of Memphis & the Mid-South will not assume responsibility for any injury incurred while participating in any athletic event, sports program, or any physically related activity. Certain risks are inherent during participation in these events.

The YMCA of Memphis & the Mid-South will not be liable for lost or stolen items while members and/or program participants are using YMCA facilities or are not on the YMCA premises. I, the undersigned for myself, my heirs and assigns, do hereby release the YMCA of Memphis & the Mid-South and its branches, employees and agents from any and all claims for injury, death, loss or damage I may suffer as a result of my participation.

I assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. I hereby grant to YMCA the unrestricted right to use and publish photographic images of me, or in which I may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to the YMCA.

I understand and agree that bank/credit card draft and a'la carte programs do not have an expiration date. To cancel a program or my membership, I must complete a cancellation form in person or send a registered letter, giving 30 days notice prior to my bank draft and return my permanent membership cards. (Cancellation forms may be obtained at the YMCA branch).

It is the policy of the YMCA of Memphis & the Mid-South that all family members listed on a YMCA family membership must be IRS dependents of the primary member listed on reverse side. Proof may be required.

I understand that joining fees, prepaid semi-annual and annual memberships are non-refundable.

I understand that if I terminate my membership, I have 60 days to rejoin without paying a joining fee, and that all past due balances must be paid before joining or re-joining the YMCA.

SIGNATURE OF PARENT OR GUARDIAN _____

(if participant is 17 years or younger)

DATE ____ / ____ / ____

SIGNATURE OF MEMBER(s) _____

DATE ____ / ____ / ____