



GRANTS PASS FAMILY YMCA MEMBERSHIP RECORD

Clerk _____

Member Information

First Name	MI	Last Name	Date of Birth	M/F
Mailing Address		City/State/Zip	Member No.	
Home Phone	Cell Phone	Email address		

Spouse/Partner Information (if included on membership only)
Qualifications for an Adult Couple are: Married or paired together, sharing income and expenses

First Name	MI	Last Name	Date of Birth	M/F
Cell Phone	Email Address		Member No.	

Dependent Children information (if included on membership only)
Qualification for eligible dependent is: unmarried child under the age of 24, living at home (or a full time student) and meets the IRS definition of a dependent, or member is under legal obligation to support the dependent.

First Name	MI	Last Name	Date of Birth	M/F	Member #

Full Time Student	College Attending

Interests (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Aquatics
<input type="checkbox"/> Adult Dance
<input type="checkbox"/> Adult Fitness Classes
<input type="checkbox"/> Adult Sports
<input type="checkbox"/> After School Care
<input type="checkbox"/> Bidy Camp
<input type="checkbox"/> Childcare/Preschool
<input type="checkbox"/> Day Camp | <input type="checkbox"/> Donations
<input type="checkbox"/> Endowment Gifts
<input type="checkbox"/> Family Programs
<input type="checkbox"/> Healthy Lifestyles
<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Personal Training
<input type="checkbox"/> Senior Programs | <input type="checkbox"/> Teen Activities
<input type="checkbox"/> Volunteer Committees/Work
<input type="checkbox"/> Workout Buddy
<input type="checkbox"/> Youth Away Camps
<input type="checkbox"/> Youth Dance
<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Youth Swim Team/Lessons |
|---|--|--|

FOR OFFICE USE ONLY:

Membership Type	Issue Date	Anniversary Date	Membership Fee	Enrollment Fee
Employer (if this is a corporate membership)	Entered on Computer	Initial	Guest Passes	

Payment Plan Options (choose one only)

- Semi-annual Membership (6 months paid in advance) Annual Membership (12 months paid in advance)
- Automatic Monthly Debit/Credit Card Payment Automatic Monthly Bank Withdrawals
- Payroll Deduct (Monthly, **for Corporate members only**) Payroll Deduct (Bi-weekly, **for Corporate members only**)

Automatic Credit/Debit Card Information if applicable (must have Visa or MC logo for debit cards)

- Visa Master Card American Express Discover

Credit Card Number	Expiration	CRV Code
Street Address where card statements are mailed	Zip Code	

For Office Use Only:	
Draft/Credit Card Begin Date	Draft/Credit Card Amount

Automatic Bank Draft Information if applicable

**Attach Copy of Voided check
Deposit Slips do not have the correct information**

Payment Authorization Signature for credit/debit card payments and automatic bank withdrawal	Date
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Initials, Authorizations and Signatures

Initial The Grants Pass Family YMCA hereby advises its members that we review sex offender lists and reserve the right to do background checks on its members at any time. Furthermore, the Grants Pass Family YMCA, at their sole discretion, reserves the right to cancel any membership based upon said background checks and/or sex offender list reviews.

Initial Any changes to a membership (ie. Adding members, changing type of membership, etc) must be made by the 10th of the month if the draft is drawn on the 16th. Changes to the draft which draws on the 1st of the month must be made by the 25th of the prior month. No exceptions will be made to this policy. All automatic drafts, whether paying by credit card or bank withdrawal are done on the 1st or the 16th of the month depending upon your join date. You may change your automatic payment date by paying an additional 2 weeks of membership. I understand that if my payment is declined for any reason, I shall be responsible for the \$10.00 service fee.

Initial Automatic withdrawals will remain in effect until the YMCA receives written notification of the membership termination. Enrollment fees are non-refundable and will be charged again if your membership lapses.

Initial No Cancellations will be taken over the telephone. This membership may be cancelled at any time after the 3 months, with at least 2 weeks written notice prior to the next regularly scheduled withdrawal.

I also understand that the YMCA does not provide any accident insurance for members.

Primary Member Signature	Date
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Spouse/Partner Signature	Date
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