



APPLICATION FOR YMCA MEMBERSHIP

YMCA of Muncie

Name: _____

Staff Initials: _____ Join Date: _____ Full Pay Bank Draft Credit Card Draft
 Type of Membership: Family Single Parent Family Husband & Wife Adult Young Adult Youth
 Add on amenities: Single Tennis Family Tennis Locker *Scholarship*

First Name _____ MI. _____ Last _____ M F

E-mail address _____ Employer _____

Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ Business Phone _____ Ext. _____

Cell Phone _____

Date of Birth: __ / __ / __ Race: Caucasian African-American Asian Hispanic Other _____

Emergency Contact _____ Phone _____ Relationship _____

(02) Spouse First Name _____ MI. _____ Last _____ M F

E-mail address _____ Employer _____

Date of Birth: __ / __ / __ Race: Caucasian African-American Asian Hispanic Other _____

| # | Dependent/Children's Names | M/F | Date of Birth | Relationship |
|----|----------------------------|-----|---------------|--------------|
| 03 | | | | |
| 04 | | | | |
| 05 | | | | |
| 06 | | | | |

To help us serve you better, please fill out the following information. This information is kept confidential.

How did you hear about the Y? Newspaper TV Radio YMCA Brochure Direct Mail Walk-in
 Member (name: _____) Website Other: _____

To ensure that the YMCA can continue to serve the community, we are required to follow IRS guidelines for non-profit organizations by providing that all income levels of the community are being served. Again, your personal information is kept confidential.

Income Level: Under \$15,000 \$15,001 to \$25,000 \$25,001 to \$35,000 \$35,001 to \$45,000 \$45,000+

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

Signature _____ Date _____

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:

- Checking
- Savings
- Credit/debit card (check one):
 - Visa
 - MasterCard
 - Discover

indicated above and the Financial Institution named below to debit my account.

Financial Institution (for checking and savings)

Routing/Transit Number (for checking and savings)

Account Number or Credit Card Number

Name as it appears on account

Expiration Date _____

Although the YMCA will make every reasonable effort to insure monthly draft amounts are correct, I understand that it is my responsibility to review my drafts each month through records provided by my financial institution to determine that each monthly draft is correct. I also understand that if any draft is not correct, that I must notify the YMCA in writing of any errors within 60 days. After the error(s) are confirmed, the YMCA will issue a refund within a reasonable number of days. The YMCA will not issue any refund requests received more than 90 days after the date of the incorrect draft.

Member's Signature

Terms and Conditions

1. I understand that if I wish to cancel or change my membership in any way, I must give the YMCA sufficient written notice. I understand that I must turn in all of my membership cards upon termination and that I will receive temporary cards for the balance of the time I have paid for or will be paying for.

Member's Initials _____

2. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks notice prior to any such change in my membership fees.

Member's Initials _____

3. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Member's Initials _____

4. Membership cards remain the property of the YMCA and must be surrendered upon request.

Member's Initials _____

Cancellation forms are available at the member services desk.

Please attach voided check for checking account withdrawal.



YMCA of Muncie
Association Offices
500 S Mulberry St
Muncie, IN 47305