



## MEMBERSHIP APPLICATION

Please mark or circle ap	propriate an	iswer. Remember to print	: clearly.					
Join Date:								
Center:	Cold S	Springs Family Center	_ Downtown Wellness Center Sparks Family Center					
Membership Type:	Family	One Parent Family	Adult	Couple Yo	outh (18-23)	Empl	oyee	
Payment Method:	Annual	EFT	Credit	Card Other	r:			
					_ Date of Birt			
City:				State:	Zip (	Code:		
Home Phone: ()_		Alternate Phone: (	ernate Phone: ()E-mail Address:					
Name (Secondary Me Date of Birth:	<b>ember)</b>	ccupation/Employer:						
Emergency Contacts								
Contact 1			_	Contact 2				
Phone ()			_					
Kelationship			_	Kelationship _				
Dependent Children's		Gender		Date of Birth		•		
			<del>-</del>					
			=					
How did you hear about	t the Y?							
•								
what will you do most a	at the Y?							
		<b>nization.</b> Volunteers helping instructors during prog						
		about volunteer opportu			Ye		No	
What special skills do y	ou have or in	n what areas are you mos	t interes	sted in volunteer	ing?			
	money to he	elp ensure that all kids – r to help us make sure the			's financial ch	allenges	s, are able to	
<b>Yes!</b> I would like to cor (This amount will be ad		month (circle one) ontribution draft on the 1	5 <sup>th</sup> of the	\$5 \$10 e month.)	\$15	other am	nount: \$	
Yes! I would like to ma	ke a one-tim	e gift of \$						
and to use its facilities a discharge the YMCA of the responsibilities or liabilities and or liabilities or lia	and/or equipithe Sierra and ty for injuries mentioned for injuries and a se caused by or connected ra. I agree to it dereby ir ice, as it perfects and to perfect as it perfects and to perfect as it perfects and to perfect and to pe	ship or being allowed to perment in addition to the part of the pa	ayment of ployees, om my particle behasion of arany active to by the nt and a with the	of any fee or charepresentatives participation in any a life from any respons those mention without of the YMCA of the Siellow the YMCA of	arge, I do her , executors and ny activities of activities at sat onsibility or limed or others, A of the Sierr and the Sierra to	eby waivend all other use of a did facility for acting of a or the in the Yourseless was my was was was was my was	ve, release, and forevelers from any and all equipment or equipment or equipment or any injury or damation their behalf or in use of any equipment (MCA Handbook.	
Signature			Date					

Type of Membership:

Withdrawal Date:
First Deduction Month:
Monthly Draft Amount: \$

## BANK DRAFT AGREEMENT

Please mark or circle appropriate answer. Remember to print clearly. Note: Please attach a voided check or copy of credit card to this form. \_\_ Cold Springs Family Center \_\_ Downtown Wellness Center \_\_ Sparks Family Center Center: Primary Member Name \_\_\_\_\_ Please initial each item to indicate your understanding and agreement: The Bank Draft Plan is a continuous Family or Wellness Center membership plan. It is to my complete understanding that if I wish to terminate or change my Family or Wellness Center membership in any way, I must give the YMCA of the Sierra a 30-day written notice. The YMCA of the Sierra Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of Family Center membership. I understand that I will receive at least 45 days notice prior to any such change. Should any membership draft not be honored by my financial institution, for any reason, I realize that I am still responsible for that payment. This is in addition to a \$25.00 service fee made payable to the YMCA. The YMCA will automatically redraft my Family or Wellness Center Membership dues if they are unable to debit my account due to account changes or insufficient funds. The YMCA reserves the right to cancel my membership if my account cannot be debited. My membership will be adjusted as appropriate for age-specific Family or Wellness Center membership. Would you like to be debited on the 5<sup>th</sup> or the 20<sup>th</sup> of the month? (Please circle one) **Monthly Draft Summary** \$\_\_\_\_\_ (Proceeds to Kid's to Camp) Annual Support Campaign \$ (1<sup>st</sup> month dues) Membership Dues Other \_\_\_ TOTAL: Signature: Date: \_\_\_\_\_ For Staff Use Only Primary Member Name: Name of Financial Institution: Routing Number: Account Number: Check one: Checking Savings Credit Card Number: **Expiration Date:** Visa Check one: MasterCard

One Parent Family

20<sup>th</sup>

Family 5<sup>th</sup> Couple

Staff Initial:

Adult

Youth