

Branch _____



Date _____

Trinexum ID # _____

YMCA New Membership Form

Membership Type _____

FIRST NAME _____

CITY _____ STATE _____ ZIP _____

LAST NAME _____

HOME PHONE _____

MIDDLE INITIAL _____ Mr. _____ Ms. _____ Mrs. _____

CELLULAR PHONE _____

CASUAL NAME _____

WORK PHONE _____

MALE _____ FEMALE _____ DATE OF BIRTH _____

EMERGENCY CONTACT _____

EMAIL _____

EMERGENCY PHONE _____

ADDRESS _____

ETHNICITY (optional) _____

ADDRESS _____

EMPLOYER/SCHOOL _____

OTHER HOUSEHOLD MEMBERS to be included on the membership

(use additional forms when needed)

NAME	GENDER	DATE OF BIRTH	EMPLOYER/SCHOOL	RELATIONSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PAYMENT METHOD (check only one)

DRAFT (*bank or credit card)
*Attach voided check

ANNUAL/FULL PAY
(Nonrefundable)

Expires _____

BANK DRAFT INFORMATION

CREDIT CARD DRAFT INFORMATION

BANK NAME _____

CARD HOLDER NAME _____

ACCOUNT HOLDER NAME _____

CARD # _____

ACCOUNT # _____

CID # (last three digits on back) _____

ACCOUNT TYPE _____ Checking _____ Savings

CREDIT CARD TYPE _____

ABA ROUTING # _____

EXPIRE DATE (mm/yy) _____ / _____

SIGNATURE _____
(MUST SIGN FOR BANK OR CREDIT CARD DRAFT)

STREET # _____

ZIP CODE _____

I give authority to (full name of bank or credit card company name) _____

at (bank address, city, state & zip code or credit card company address) _____

to honor pre-authorized checks/credit card drafts drawn by you on my account for membership payments as indicated above. It is understood that your sending of a pre-authorized check to the bank or credit card draft to the credit card company as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check /credit card company honors the draw by charging my account such check/ credit card draw shall constitute as my receipt for the payment. Should any pre-authorized check or credit card draw not be honored by said bank or credit company when received by them, then it is understood that the payment is to be made by one in the amount of said payment.

***Drafts are on the 5th of each month and must be cancelled by the last day of the month.**

YMCA MEMBERSHIP AGREEMENT

- It is to my complete understanding that this is a continuous membership plan. If I wish to terminate or change my membership in any way, I must give the YMCA written notice by the last day of the month. I will receive temporary cards for the balance of the time I have paid or will be paying.
- 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 four weeks notice prior to any such change.
- 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 an addition to any service fee my bank or credit card company may make.
- By agreeing to this membership plan, I authorize the use of my picture or likeness in YMCA publications and promotions.
- 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.
- I understand that if I terminate my annual membership prior to the ending date, that it is non-refundable.

SIGNATURE _____

WHITE COPY—YMCA

YELLOW COPY—CUSTOMER