

Gaston County Family YMCA Membership Application



Locations: Select Primary Location

Central 704-865-8551 Stowe 704-822-9622 Cherryville 704-445-9622 South 704-865-2193 Pharr 704-824-1131

Date:

Financially Responsible Individual

2nd Adult

First Name		MI	Last Name			First Name		MI	Last Name				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date		Marital Status		*Ethnicity		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date		*Ethnicity			
Mailing Address					**Activity Level		Mailing Address					**Activity Level	
City			State	Zip	Phone		City			State	Zip	Phone	
Cell Phone		E-mail (Required for on-line registration)				Cell Phone		E-mail (Required for on-line registration)					
Company Name			Company Phone			Company Name			Company Phone				
Emergency Contact ()						Emergency Contact ()							

Additional Members

First Name	MI	Last Name	Gender	Birth Date	*Ethnicity	**Activity Level
First Name	MI	Last Name	Gender	Birth Date	*Ethnicity	**Activity Level
First Name	MI	Last Name	Gender	Birth Date	*Ethnicity	**Activity Level
First Name	MI	Last Name	Gender	Birth Date	*Ethnicity	**Activity Level
First Name	MI	Last Name	Gender	Birth Date	*Ethnicity	**Activity Level

***ETHNICITY:** It is our goal to provide outstanding programs for everyone in our community. Please allow us to better serve you by writing in the ethnic background number in the coinciding boxes that best describes you and your family. This information is kept confidential.

Asian (#1) African American (#2) Caucasian (#3) Hispanic (#4) Native American (#5) Other (#6) _____

****ACTIVITY LEVEL:** How would you describe each member's activity level? Please indicate by entering the number in the coinciding boxes above.

Regular Active Exerciser (#1) Non-exerciser - New to Exercise (#2) Current Non-exerciser - Start/Stop Exerciser (#3) Unknown (#4)

PLEASE CHECK AREAS OF INTEREST <input type="checkbox"/> Group Exercise <input type="checkbox"/> Teen Programs <input type="checkbox"/> Weight Training <input type="checkbox"/> Parent/Child Programs <input type="checkbox"/> Youth Sports <input type="checkbox"/> Senior Programs <input type="checkbox"/> Adult Sports <input type="checkbox"/> Aquatics <input type="checkbox"/> Summer Camp <input type="checkbox"/> Volunteering <input type="checkbox"/> Child Care/Afterschool <input type="checkbox"/> Other _____	HOW DID YOU HEAR ABOUT THE YMCA? <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Magazine <input type="checkbox"/> Bill Board <input type="checkbox"/> Place of Employment <input type="checkbox"/> Drive by - Live in Area <input type="checkbox"/> Member <input type="checkbox"/> Direct Mail <input type="checkbox"/> Former Member <input type="checkbox"/> E-mail <input type="checkbox"/> Friend/Family <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Medical Referral <input type="checkbox"/> Other _____	HOUSEHOLD INCOME <input type="checkbox"/> \$0 - \$13,999 <input type="checkbox"/> \$14,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$54,999 <input type="checkbox"/> \$55,000 - \$74,999 <input type="checkbox"/> \$75,000 and over
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Membership Number	Payment Method <input type="checkbox"/> Draft \$ _____ <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Joiners Fee \$ _____	Corporation Name
Membership Type - Please check one in accordance with Definitions <input type="checkbox"/> Student <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Young Adult <input type="checkbox"/> Two Adults <input type="checkbox"/> Two Seniors <input type="checkbox"/> Two Young Adults <input type="checkbox"/> Three to Five Adults	Add-Ons <input type="checkbox"/> Add Dependents <input type="checkbox"/> Regional <input type="checkbox"/> Locker Rental	Initial Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
Notes		

Important Information

I understand, verify and acknowledge that:

- _____ Paid in full memberships will be invoiced for renewal and payment is to be due by the renewal date.
- _____ If membership lapses for more than 60 days it will be considered a new application and will be subject to the payment of the joiners fees.
- _____ Membership and Joiner's Fee are non-refundable.
- _____ The YMCA has no liability or responsibility for any personal injury or loss or damage to personal property sustained while members are using the YMCA facilities.
- _____ Membership cards must be presented to enter facility.
- _____ Members and/or guests must adhere to the YMCA code of conduct and that is behavior contrary to its Mission and Core Values may result in loss of YMCA membership.
- _____ No one included on this application is a registered sex offender and that I am obligated to notify the YMCA immediately if one of the applicants becomes a registered sex offender.
- _____ The YMCA may screen members and applicants against a national database for registered sexual offenders.
- _____ I will inform the Gaston County Family YMCA of any changes to my address or other contact information.
- _____ All of the information given on this application is correct.

I, hereby, grant the YMCA:

- _____ The rights to use, reproduce, and/or distribute photographs and/or video of myself or my child in their promotional materials.
- _____ The right to verify information on the application.

Member's Signature

Date

Parent or Guardian's Signature (if under 18)

Date

Parent or Guardian's Date of Birth

YMCA Staff Member's Signature

Monthly Draft Agreement

Please read and initial each point:

- _____ YMCA bank draft is a continuous membership plan. It is my (our) understanding that if I (we) wish to terminate or change my (our) membership in anyway I (we) must fill out a YMCA cancellation form **no later than the last day of the month** to be effective for the next month's draft.
- _____ Changes to account information, including credit card expiration date, for the Monthly Draft program must be given in writing and received by the YMCA **no later than the last day of the month** to be effective for the next month's draft.
- _____ The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my (our) membership category. I (we) understand that a notice will be sent at least 30 days prior to any such change.
- _____ I (we) give the authority of the Gaston County Family YMCA to draw on the account listed below for my (our) membership payments. The payment will be drawn on **the 15th or the 22nd of the month** or the following business day for the current monthly amount.
- _____ I (we) understand that any draft returned **for any reason** may be collected electronically by eCashflows Systems and will also be charged a \$25 service fee which will also be electronically debited. This is an addition to any fees charged by my (our) bank. The YMCA reserves the right to cancel my (our) membership due to unpaid returned drafts.
- _____ I (we) have provided a voided check or proof of account with transit number, or a copy of the credit card to be drafted.
- _____ I (we) understand that if my (our) draft information or my (our) credit card is lost or stolen, I am to notify the YMCA immediately so I do not incur any returned payment fees.

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account, such transfer shall continue notice of payment due and my receipt for payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge.

I choose to utilize the EFT option for monthly payment:
(direct debit from my Checking Savings account)

Bank Name _____ Name on Account _____

Transit/Routing Number _____ Account Number _____

Authorized Signature _____ Date _____

I choose to utilize the Credit Card Payment option for monthly payment: (automatic direct charge to credit card)
Credit Card Type Visa MC exp. date _____

Account Number _____ Card Holder Name _____

Authorized Signature _____ Date _____

Billing Address _____ Zip Code _____