

Date _____/_____/_____

PRIMARY MEMBER

Mr/Ms/Mrs	First Name	MI	Last Name		
Mailing Address			City	State	Zip
Phone	Email				
Birth Date	Gender ___ Male ___ Female				
Employer	Address				
City	State	Zip			
Two Emergency Contact Names & Phone Numbers					
1					
2					

CODE OF CONDUCT

Respecting the rights and dignity of others is the key to creating a safe, enjoyable family atmosphere. At the YMCA we take great pride in our ability and desire to service the needs of our members while exemplifying the mission, vision, and values.

- Always speak to others in a respectful tone
- Never use vulgar or derogatory language
- Never use physical or threatening gestures, words, or actions
- Refrain from any intimate behavior or contact of a sexual nature
- Respect others property and valuables.
- All use and/or possession of tobacco products, alcohol, and illegal drugs are prohibited on YMCA property.
- Any type of firearm, knife, or illegal weapon is prohibited on YMCA property.

2ND ADULT

First Name	MI	Last Name			
Birth Date	Gender ___ Male ___ Female				
Employer	Email				

DEPENDENTS

Dependents **MUST** live in your household

First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School

OFFICE USE ONLY

Membership Number	Membership Type	Payment Method ___ Bank Draft ___ Credit Card ___ Other	Initial Payment ___ Credit Card ___ Check ___ Cash	Monthly Dues
Facility Access #	Expiration Date			Date of Draft/CC Payment 15 th 28 th
Branch	Staff Initials	Receipt #		Monthly Amount \$_____

Financial assistance is available for those who qualify.

Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Attach voided check here.

Waiver

I hereby apply for membership in the YMCA of East Tennessee and agree to observe all rules governing membership. I understand that the YMCA is unable to extend insurance coverage. I give my authorization for emergency medical care. **Membership dues are not subject to refund.** The YMCA is NOT responsible for lost or stolen items. Membership cards are to be presented for use at all facilities. I agree that the YMCA may use my image for marketing purposes and release the YMCA from any claim or liability related to that cause. I agree that my participation in any activity or program is at my own risk.

Signature: _____ Date: _____

Membership Agreement

If my membership dues are paid through credit card or electronic funds transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. A \$30 return fee will be charged for all refused debits. Membership cards are the property of the YMCAQ and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice.

All membership rates are subject to change with 30-days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joining Fee is a one-time fee as long as you remain an active member of the YMCA. If you choose to cancel or discontinue your membership for more than 90 days, a Joining Fee will be charged when you reapply for membership.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the mission statement of the YMCA of East Tennessee, hereby apply for membership.

Signature: _____ Date: _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for membership/program/contribution payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, it is then understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

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

Bank Name _____ Name on Account _____
Routing/Transit Number _____ Account Number _____
Authorized Signature _____ Date _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic charge to credit card)

Credit Card Type Visa MC DISC AMEX

Card Holder Name _____ Account Number _____
Authorized Signature _____ Expiration Date _____