



MEMBERSHIP APPLICATION

YMCA: _____ Join Date: _____ Full Pay E.F.T. Other: _____

Type of Membership: Household 2Person Household Adult Youth

(01) First Name _____ MI _____ Last _____ M F

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

Address _____

(01) Birth Date ____ / ____ / ____ (02) Birth Date ____ / ____ / ____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ E-mail Address _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Household Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						
08						

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 Member
 Other: _____

What are you looking to do most at the Y?

Income Level of Household: \$30,001 to \$50,000 \$50,001 to \$70,000 \$70,001 to 100,000

Ethnicity: Asian African-American Hispanic Latino Caucasian Other: _____

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.

All full-pay memberships are non-refundable & non-transferable _____ (Initial)

Signature _____ Date _____

Mansfield YMCA
EFT (Electronic Funds Transfer) Agreement

- 1) I understand EFT is a continuous membership plan. I understand that my membership will automatically renew on my renewal date.
- 2) It is my complete understanding that if I wish to terminate my continuous membership, I must give the Y 30-days written notice and return all membership cards with the cancellation notice. My account will be drafted one last time and temporary membership cards will be used for the final month.
- 3) The Y Board of Trustees may, at their discretion, adjust the monthly rate of my membership category. I understand that I will receive at least four weeks notice prior to the adjustment.
- 4) I understand the withdrawal from my checking or savings account will be the 15th of each month. If the 15th falls on the weekend or a bank holiday, the draft day will be the Friday before the 15th.
- 5) I understand the withdrawal from my credit/debit card will be the 25th of each month. If the 25th falls on a weekend or a bank holiday, the draft will be the Friday before the 25th.
- 6) If changes need to be made to my membership, I must have all changes completed 5 days prior to the EFT draft.
- 7) I understand that I am responsible for the full joiner fee payment. I understand that if I choose to cancel my YMCA membership, I am responsible for the payment of my joiner fee balance. Failure to pay this balance will be turned over to collections. Member Initial _____
- 8) Should my bank/credit card for any reason not honor a membership draft, I realize that I am responsible for that payment. Failure to make that payment will be turned over to collections. Member Initial _____
- 9) I understand that if I wish to change the account from which my draft is being withdrawn, I need to contact the Membership office Monday-Friday between the hours of 8:00am and 5:00pm.

I agree to have the Mansfield YMCA deduct the following amount from my credit card or bank account:

Monthly Amount: _____ Joiner Fee Amount: _____ Total: _____

Date of First draft _____ \$ _____ Will be deducted once the joiner fee is paid in full

Member's Signature _____ Date: _____