



RACINE FAMILY YMCA

MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRIMARY MEMBER INFORMATION				SWIPE CARD #	
First Name	MI	Last Name	<input type="radio"/> Male <input type="radio"/> Female		Date of Birth
Address		Apt #	City	State	ZIP
Primary Phone ()		Secondary Phone ()		Cell Phone ()	
Email address (1): primary member		Email address (2): secondary member		Cell Phone Provider – to be used for text alerts	
Emergency Contact		Relationship		Emergency Phone	

ADDITIONAL FAMILY MEMBERS: add adult members, then children

Family	First Name	Last Name	M/F	Date of Birth	Relationship	Photo
02						
03						
04						
05						
06						
07						

EPAY INFORMATION: Permission to Draw Preauthorized Bank Drafts for Membership Payment***

I hereby authorize my financial institution to honor preauthorized bank drafts drawn by Racine Family YMCA on my account for membership payments as indicated. When the bank honors the bank draft by charging my account, such bank draft will constitute receipt of payment. Should any preauthorized bank draft not be honored by said bank when received by them, then it is understood that the payment is to be made by you in the amount of said payment. Monthly dues are drafted automatically from my account on my enrollment date each month. A \$25 NSF service charge will be incurred for all checks or bank draft payments returned to the YMCA due to non-sufficient funds, for closed accounts or for stopped payments. **Any changes made to your account must be done at least five (5) days prior to the draft date, to be effective for that month.** Please review your bank or credit card statement to verify that withdrawals are correct. Refund adjustments will not be made after two months. I understand that the account holder is responsible to inform the YMCA of any changes or the cancelation of my account and will be responsible for payment.

Select one: <input type="radio"/> Credit <input type="radio"/> Debit	Card number XXXX – XXXX – XXXX- _____	Expiration Date
Checking Account <i>Voided Check Must Be Provided</i>	Checking Account: last 4 digits of account #	Bank Name
Account holder's signature:		

Membership Agreement: Primary member is signing on behalf of all people on this membership

I agree to the purpose of the RACINE FAMILY YMCA and its four core values of Honesty, Respect, Caring and Responsibility, and to abide by the rules and regulations established by the Board of Directors. I understand that after purchase, my membership is non-refundable and non-transferable. I further understand my membership card is the property of the RACINE FAMILY YMCA and that all rates, fees, and schedules are subject to change without notice. In consideration of my participation in the activities of the RACINE FAMILY YMCA, I do hereby agree to the **HOLD HARMLESS RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT, IMAGE PERMSSION WAIVER and MONTHLY waiver on the back page.** I hereby do

declare myself to be physically sound, having medical approval to participate in the activities of the RACINE FAMILY YMCA. A member is a person who agrees to cooperate with others in the accomplishment of the YMCA's accepted purpose, recognized the fact that membership embraces all types of members and involves identification with a worldwide fellowship, and, after due application, is individually enrolled in the Association. I also understand that this application will be stored electronically and the original will be set to shred.

Primary Member Signature of Agreement:	Date:
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STAFF USE ONLY					
<input type="checkbox"/> Riverside Branch	<input type="checkbox"/> New Membership	<input type="checkbox"/> One Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Scholarship: 25%	<input type="checkbox"/> DL Verified
<input type="checkbox"/> Sealed Air Branch	<input type="checkbox"/> Renew Membership	<input type="checkbox"/> Two Adult Household	<input type="checkbox"/> College	<input type="checkbox"/> Scholarship: 40%	<input type="checkbox"/> Work ID verified
<input type="checkbox"/> YMCA Transfer	<input type="checkbox"/> Returning Member	<input type="checkbox"/> One Adult w Children	<input type="checkbox"/> Senior: 62+	<input type="checkbox"/> Corporate Disc	<input type="checkbox"/> Insurance verified
	<input type="checkbox"/> Member: Grp Transfer	<input type="checkbox"/> Two Adult w Children	<input type="checkbox"/> Senior Household	<input type="checkbox"/> Y Employee	<input type="checkbox"/> Member Copy
		<input type="checkbox"/> Three Adult w Children		<input type="checkbox"/> Courtesy	<input type="checkbox"/> Scan to file
Staff Initials	Transfer from:	Transfer to:	Transfer Date:	<input type="radio"/> Annual <input type="radio"/> Bank Draft <input type="radio"/> Payroll Deduct <input type="radio"/> 8% <input type="radio"/> 20% <input type="radio"/> MATCH <input type="radio"/> 100% <input type="radio"/> 3 rd party	
Group Discount code	ID number (SS, S&F, RENEW ACTIVE, AARP)			Insurance	
Join (effective) date	End date (if annual)	Next bill date:	Monthly/ Annual Amount:	Membership App double check	