



Racine Family YMCA
Sealed Air Branch Lakefront Branch

BILLABLE/PRIMARY MEMBER'S PERSONAL INFORMATION

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

Birth Date ____ / ____ / ____

Address _____ East of I94 Downtown Racine

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

Emergency Contact/Relationship _____ Emergency Phone _____

Family	Name	M/F	Birthdate	Relationship
01				
02				
03				
04				
05				
06				

EPAY INFORMATION Permission to Draw Preauthorized Bank Drafts for Membership Payment

I hereby authorize _____ (Bank Name) to honor preauthorized bank drafts drawn by Racine Family YMCA on my account for membership payments as indicated above. 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 a checking or savings account on the 15th of each month. Up to 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 by the 10th of the month 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.

Account # _____ Routing # _____

Please circle one: Checking or Savings or Credit Card Credit Card #: _____ exp. Date: _____

Bank account holder's signature: _____

voided check or Bank Specification letter must be turned in with Bank Draft authorization or membership will be denied.

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

I agree to the purpose of the YMCA, which I understand is to aid in development of Christian standards of living and conduct, 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 YMCA, I do hereby agree to hold harmless any and all liability the Racine Family YMCA and its respective officers, employees, and members, and do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may have or which may hereafter accrue to me arising out of connection with my participation in any of the activities of the Racine Family YMCA.

I give my permission to use my likeness in video and/or photograph for the purpose of advertisement and promotion of the Racine Family YMCA.

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.

Signature of Agreement _____ Date _____

MEMBERSHIP DETAILS - OFFICE USE ONLY

Staff Initials: _____ **Scan _____ Copy to Member _____

Join Date: _____ End date _____ Next Bill date _____ o Annual o Bank-Draft o Other _____

Type of Membership: _____ Group Code: _____

Membership Rate _____ Locker _____ Scholarship Subsidy/Discount _____ Total Monthly/Annual Payment _____

CUSTOM DEFINED FIELDS: Locker #: _____ Tax info _____

DEMOGRAPHICS: staff to enter using above data if applicable.

Ethnicity: o Asian o African-American o Hispanic/Latino o Caucasian o Native American o Other: _____



Racine Family YMCA
Sealed Air Branch Lake Front Branch
Scholarship application

Reviewed by: _____ Date Received: _____

PLEASE PRINT

Billable Member Name from Page One:

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

Birth Date ___ / ___ / ___

Please check ONE of the following:

Assistance requested for **NEW Y** membership Assistance requested for **RENEWAL Y** membership

Assistance requested for **Y PROGRAMS**

Names of household family members who wish to be included on this membership must be written on the opposite side of this form. Income tax return information or benefit award statement will be required.

Please itemize your monthly **HOUSEHOLD INCOME**: earnings from all persons receiving income in your household. Attach a copy of last years' Federal Tax Return and one month gross income verification. Check stubs, Unemployment stubs, Social Security Statement, etc. **NOTE: Applications will NOT be processed without income and dependant verification.** (NOTE: If you do not file taxes, you must complete the Federal 4506T Non filing verification, send in and bring your response letter back to us. If you have no income, you must have verifying documentation from the shelter or other social service organization that is assisting you.)

MONTHLY INCOME:

Wage, salaries and tips	\$ _____	State Benefits	\$ _____
Unemployment Compensation	\$ _____	Other	\$ _____
Social Security Compensation	\$ _____		
TOTAL INCOME			\$ _____

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that all people listed on this document have been made aware that any membership to the Racine Family YMCA includes adherence to the code of conduct, rules and regulations of the Racine Family YMCA. I also understand that my scholarship rate will expire one year from the date of this application and that my membership rate will change to the **REGULAR** membership rate and that it is my responsibility to come to the Y and renew my scholarship application.

Signature

Date

Please Note: You will be called when your application is approved. Once called you must come in and sign up for your membership within 30 days of being notified of your approval or this paperwork will be destroyed.

FOR OFFICE USE ONLY

Applicant is approved for a scholarship % of _____ off their membership/program fee. Approved by:

Membership Type	Monthly Discount/Payment	Six Month Discount/Payment	Annual Discount/Payment
Adult	/	/	/
One Adult HH w/children	/	/	/
Two Adult HH	/	/	/
Two Adult HH w/children	/	/	/
Three Adult HH w/children	/	/	/
Senior (62+)	/	/	/
Senior HH (one being 62+)	/	/	/
Youth (0-18)	/	/	/

Date Applicant called with scholarship rate: _____ Staff Initials: _____ Scholarship app scanned _____
 Response from Applicant: left message _____ Renew _____ Will come in _____ No response _____