



GLOW YMCA Membership Application

- NEW
- RENEWAL
- CHANGE
 - Name
 - Bank Draft Info.
 - Membership

Please print the following information to be used for our permanent records.

Last Name:	First Name:	Middle Initial:	Birthdate:
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Home Address:

City and Zip:	Home Phone:
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Email:	Cell Phone:
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Place of Employment:	Work Phone:
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Emergency Contact:	Phone:
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Complete the following section for Family Memberships: (proof of residency may be required)

Second Adult:	Last	First	MI	Birthdate:	Sex: M or F
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Child's Name:	Last	First	MI	Birthdate:	Sex: M or F
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Child's Name:	Last	First	MI	Birthdate:	Sex: M or F
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Child's Name:	Last	First	MI	Birthdate:	Sex: M or F
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Child's Name:	Last	First	MI	Birthdate:	Sex: M or F
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Child's Name:	Last	First	MI	Birthdate:	Sex: M or F
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Child's Name:	Last	First	MI	Birthdate:	Sex: M or F
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Type of Membership: _____

YOUR CONSENT AND RELEASE

- I hereby agree to release and hold harmless the YMCA, its employees and volunteers, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs. This agreement shall be governed by the laws of New York State.
- I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes and I will not be compensated for this use.
- I understand that conduct contrary to the YMCA core values of Caring, Honest, Respect and Responsibility, the intentional or unintentional disruption or preventing YMCA members' ability to enjoy their membership or YMCA staff and/or volunteer' ability to conduct class or their job duties, is not acceptable behavior and may result in the termination of my membership.
- By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities.
- The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation

Signature	Name (Please Print)	Date

Signature (second adult)	Name (Please Print)	Date

Name: _____

DEBIT AUTHORIZATION AGREEMENT

1. The Monthly Draft Payment Plan is a continuous membership plan. I understand that this membership will remain in effect as long as I meet the terms of this membership agreement.
2. 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. I understand that I must turn in all my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid or will be paying.
3. I understand that if my Draft Payment is not honored by the designated financial institution, the YMCA can immediately re-submit the membership draft to my bank or credit card company. The YMCA will not be responsible for any charges that may be imposed by your financial institution.
4. The Board of Directors of the Genesee/Orleans/Wyoming YMCA may, at their discretion, adjust the monthly rate applicable to my category or membership. I understand that I will receive at least 30 days notice prior to any such change.

I hereby authorize the GLOW YMCA to charge my account at the financial institution indicated below, on the due date, and for the amount indicated. I have read and agree to honor the terms of the membership agreement as detailed above.

Signature _____

Date _____

Bank Draft Information

Bank Name	Branch and Address:
Bank Routing Number	Bank Account Number
Withdrawal Date: <input type="checkbox"/> 1st of each month <input type="checkbox"/> 15th of each month	Monthly Payment:

****Attach Voided Check Here****

Credit Card Draft Information

Your Name on Card	Address of cardholder if different from other side:
Card Number	Expiration Date:
Withdrawal Date: <input type="checkbox"/> 1st of each month <input type="checkbox"/> 15th of each month	Monthly Payment:

OFFICE USE ONLY

Join Date:	Membership Type:	Membership #:
Receipt #:	Staff Initials:	Pay Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC
Updated People File Date: _____		Amount Due: _____ Balance: _____