

# MEMBERSHIP APPLICATION

#2  New  Renewal  Returning  GOLD  SILVER

#3 Name \_\_\_\_\_ MI  m  f Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Street \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Corporate Name (employer) \_\_\_\_\_  
EMAIL \_\_\_\_\_

#4 2nd Adult Name \_\_\_\_\_  m  f Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Child \_\_\_\_\_  m  f Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Child \_\_\_\_\_  m  f Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Child \_\_\_\_\_  m  f Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Child \_\_\_\_\_  m  f Birth Date \_\_\_\_\_ Age \_\_\_\_\_

#5 Parent (s) \_\_\_\_\_ Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

#6 Emergency Contact (other than parent/spouse) \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

#7 Membership Type \_\_\_\_\_

#8 Method of Payment  Bank / CC Draft  1/2 down, 60 days  paid in full/year  F/A Pmt. Plan

### #9 Payment Information Paid Today

Membership Fee \_\_\_\_\_

Health Deposit \_\_\_\_\_

Locker Fee: \$5 BD or \$60 YR x \_\_\_\_\_ lockers

Key deposit \$10 x \_\_\_\_\_ Keys \_\_\_\_\_

Total amount PAID today \_\_\_\_\_

Total balance DUE \_\_\_\_\_

If 1/2 down, date balance DUE \_\_\_\_\_

### #10 Type of Payment :

Financial %  
\_\_\_\_\_

Visa/MC  
 Check  
 Cash

### Gold or Nautilus Add-on

#22 Member (40%) \_\_\_\_\_  
#34 Health Deposit \_\_\_\_\_  
WGL (20/40%) \_\_\_\_\_  
MGL (20/40%) \_\_\_\_\_  
#14 Nautilus (20%) \_\_\_\_\_  
Custodial (keys) \_\_\_\_\_  
Locker \_\_\_\_\_

Monthly draft will be \$ \_\_\_\_\_  
Starting \_\_\_\_\_

Locker # \_\_\_\_\_ M F  
Serial # \_\_\_\_\_  
Combo # \_\_\_\_\_

### #11 Bank Draft Authorization:

I hereby authorize the YMCA in Greenfield to charge my checking / savings / CC account for my monthly YMCA dues of \$ \_\_\_\_\_. I understand that my dues will be charged on the 13th –15th of the month and will pay for that same month. I also understand that if my payment is returned to the YMCA by my bank my membership will be terminated if payment is not made to the YMCA by the end of the month. **I agree that I will give written notice to cancel my draft authorization by the last day of the month prior to the month I wish to stop my membership.** The YMCA will give me a 45 day notice of a change of fee structures and I will notify the YMCA if my account or bank changes. **I have provided a cancelled check / savings statement / CC # with my account and routing numbers.**

Authorized signature \_\_\_\_\_

#12 I assume all responsibility for exercising and participating in the YMCA in Greenfield's programs in the physical condition I am in. I agree to notify my physician of my intention to exercise if I have a medical condition, am 40 yrs. of age or older, am physically de-conditioned or have medical concerns I need to discuss. I also agree to abide by all the rules and policies set forth by the YMCA and to exemplify the values of caring, honesty, respect, and responsibility while on YMCA property.

Signature: (if under 18, parent or guardian) \_\_\_\_\_

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