



**Summerville Family YMCA**  
**MEMBERSHIP APPLICATION**

Member Number

Today's Month/Day/Year

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**MEMBER NAME**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

**PERSONAL INFORMATION**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Do you want to receive Y news via email?  
YES  NO

Sex (Circle One) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male  Female

**INTERESTS**

I am interested in the following:

Adult Sports       Personal Training  
 Youth Sports       Massage Therapy  
 Weight Loss Support       MMOM'S Club  
 Personal Swim Lessons

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**DEPENDENT INFORMATION**

Name (Last, if different) \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

We rely on volunteers to help us achieve our mission. If you are interested in helping out, please indicate interest:

Sports  
 Office Tasks  
 Flowertown Festival  
 Flowertown Festival Run

How did you hear about the SFYMCA?

Friend \_\_\_\_\_ (name)  
 Newspaper       Drive By  
 Brochure       Unsure  
 Web Site/Email

**SFYMCA USE ONLY**

Membership and Payment Information \_\_\_\_\_ Staff Initials \_\_\_\_\_

Youth    Student    Senior    Adult    Family    Short-term    Long-term  
 Draft    Semi-Annual    Annual   Amount Paid \$ \_\_\_\_\_

Are you aware that the SFYMCA offers financial assistance for memberships and certain programs?  
 YES       NO

**MEMBERSHIP AGREEMENT**

- I understand the SFYMCA bank draft is continuous. If I wish to terminate or change my membership, I must give notice, in person, 30 days prior to my bank draft date. Please initial: \_\_\_\_\_
- I understand that no refunds are given. It is my responsibility to check my monthly bank statement and report any corrections to the SFYMCA as soon as possible. Please initial: \_\_\_\_\_
- The YMCA Board of Directors may adjust the monthly membership dues at any time, I understand 30 days notice will be mailed to the last address I have given the SFYMCA. Please initial: \_\_\_\_\_
- If my membership draft is not honored by the bank for any reason, I realize I am responsible for that payment and any service fees incurred by the YMCA. This is in addition to my bank's service fee. Please initial: \_\_\_\_\_

I grant full permission to the SFYMCA to use any photographs taken of me, my household, or my family.

I will read through my Membership Handbook so that I will be aware of all policies and procedures associated with the SFYMCA and its facilities.

On behalf of myself (and/or my family) I agree with the SFYMCA policies and procedures and understand that my/our membership can be revoked without refund for exhibiting inappropriate behavior toward the SFYMCA staff and/or facilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_