



SUMMERVILLE FAMILY YMCA Membership Application

PLEASE PRINT

Join Date _____

Home Branch Downtown YMCA at The Ponds

Membership Type A F Sr St

Primary Member Information

First Name _____ Middle _____ Last Name _____

Gender M F

Birth Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail address _____

Employer/School _____

Work Phone _____

Corporate Member? If yes, name of corporate group _____

Emergency Contact _____ Phone _____

E-mail Address _____ Relationship _____

For Family Memberships

Name _____ Gender M F Birth Date _____

Name _____ Gender M F Birth Date _____

Name _____ Gender M F Birth Date _____

Name _____ Gender M F Birth Date _____

I was referred to the YMCA by: _____

Please give member name if applicable

I am interested in learning about:

- Adult Sports Youth Sports Weight Loss Support Personal Training Running Clubs Toastmasters

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

- Flowertown Festival Festival Run Sports (coach, referee, team mom) Kids Triathlon

****PLEASE TURN OVER****

PLEASE RED AND SIGN

1. I understand that the YMCA periodically reviews sex offender lists and/or reserves the right to check the list for members. Please initial: _____
2. 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: _____
3. I understand that no refunds are given. It is my responsibility to check my monthly bank statement and report any corrections to the YMCA as soon as possible. Please initial: _____
4. 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 YMCA. Please initial: _____
5. If your check/ACH Draft is returned unpaid, it will be collected electronically and you will assessed a minimum fee of \$30.00 (or the maximum amount allowed by law). Check writer is also responsible for all other collection cards. Please initial: _____

I will read through my Membership Handbook so that I will be aware of all policies and procedures associated with the YMCA and its facilities. (The Handbook can be found on the Y website: summervilleyymca.org or the Front Desk has paper copies available for you.)

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

Signature

Date

OFFICE USE ONLY

MEMBERSHIP TYPE & PAYMENT METHOD

Senior Student Adult Family Downtown Ponds

Draft Invoice Semi-Annual Annual Amount Paid \$_____

FORM OF PAYMENT Cash Check # _____ Credit/Debit card

STAFF INITIALS _____

DATE _____