

TERMS AND CONDITIONS

Please read each statement carefully and initial on the lines provided. Thank you.

I understand that this is an on-going membership payment plan.

Member
Initials

I understand that if I wish to terminate or change membership in any way, I may do so by giving the YMCA of the Suncoast a 30-day written notice.

Member
Initials

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the YMCA of the Suncoast. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA of the Suncoast in writing should I change my financial institution and/or account at anytime.

Member
Initials

Your joining fee is assessed for the purpose of continued development of your YMCA. This is a **non-refundable** fee for all new members payable upon application. While this is not an annual fee, you will be charged a rejoin fee if there is an interruption in membership status for a period greater than 30 days. Your monthly membership dues provide for daily operation of member services.

Member
Initials

I give my permission to the YMCA of the Suncoast to use photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting YMCA programs or activities.

Member
Initials

The YMCA recommends doctor's approval to exercise if you or your participating family members are experiencing any medical conditions or are using any medications.

Member
Initials

YMCA of the Suncoast is a private, not-for-profit; Christian-based organization that strives to build strong kids, strong families and strong communities through the values of caring, honesty, respect, and responsibility. By joining the YMCA, you as a member are agreeing to subscribe to these operating values. If at any time your behavior does not support these values, the YMCA has the right to revoke your membership status.

Member
Initials

For Members Paying By Bank Account

I understand that if my membership deduction is not honored by my bank for any reason, that the YMCA of the Suncoast will attempt to re-process the transaction on the YMCA of the Suncoast's next Electronic Funds Transfer drafting cycle.

Member
Initials

For Members Paying By Credit Card

I understand that if my credit card is declined for any reason in a given month, the YMCA of the Suncoast will attempt to re-process the transaction on the YMCA of the Suncoast's next Electronic Funds Transfer drafting cycle.

Member
Initials

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, and forever discharge the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I agree to adhere to all policies set by the YMCA of the Suncoast.

Member Signature: _____ Date: ____ / ____ / ____

1. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least 30 days notice prior to any such change in my membership fee.
2. Membership cards remain the property of the YMCA of the Suncoast and must be returned upon request or at the time of the membership cancellation.

*** If member is under 18, parent/guardian must sign and initial application.**

CHILDREN/DEPENDENT INFORMATION

1 First Name: _____ Last Name: _____ Middle Initial: _____

Preferred First Name: _____ Date of Birth: ____/____/____ Gender: M or F

Ethnicity/ Race: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other: _____

2 First Name: _____ Last Name: _____ Middle Initial: _____

Preferred First Name: _____ Date of Birth: ____/____/____ Gender: M or F

Ethnicity/ Race: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other: _____

3 First Name: _____ Last Name: _____ Middle Initial: _____

Preferred First Name: _____ Date of Birth: ____/____/____ Gender: M or F

Ethnicity/ Race: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other: _____

4 First Name: _____ Last Name: _____ Middle Initial: _____

Preferred First Name: _____ Date of Birth: ____/____/____ Gender: M or F

Ethnicity/ Race: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other: _____

5 First Name: _____ Last Name: _____ Middle Initial: _____

Preferred First Name: _____ Date of Birth: ____/____/____ Gender: M or F

Ethnicity/ Race: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other: _____

MEMBER INFORMATION

* If a friend referred you, please share their name and phone number ... so we may thank them.

Friend: _____ Phone: _____

Please indicate the activity levels of the adults in your household (age 18+):

You	Spouse	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I HAVE BEEN INACTIVE (NO REGULAR PHYSICAL ACTIVITY) I HAVE BEEN INCONSISTENT (STARTED AND STOPPED) I HAVE BEEN SOMEWHAT CONSISTENT (1 -2 TIMES PER WEEK) I HAVE BEEN CONSISTENT (3 - 4 TIMES PER WEEK) I HAVE BEEN ACTIVE (5 OR MORE TIMES PER WEEK)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The YMCA is a **volunteer** organization. Volunteers help with special events, programs, member relations, advisory boards, fundraisers, and much more. Would you consider becoming a volunteer if approached by YMCA staff or another member? Yes No Maybe

If Yes or Maybe, in what volunteer activities are you interested?

<input type="checkbox"/> Special Events	<input type="checkbox"/> Administrative	<input type="checkbox"/> Member Appreciation Events
<input type="checkbox"/> Programs	<input type="checkbox"/> Member Relationship Development	<input type="checkbox"/> Committee Work
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Advisory Board Member	<input type="checkbox"/> Focus Group Participant
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

FOR OFFICE USE ONLY

YMCA of the Suncoast Branch: _____ Join Date: ____ / ____ / ____

Group Affiliation: _____ (Corporate Partner)

Payment Method: Bank Draft Credit Card Draft Paid In Full Other: _____

Membership Term: Perpetual Annual Semi-Annual Quarterly Monthly

Membership Type

- Adult
- Adult Couple
- Family
- Single Head of Household
- Senior
- Senior Couple
- Youth/Young Adult
- Teen
- Youth

Options

- Individual Program
- Family Program
- Branch Only
- Employee
- Silver Sneakers
- Seasonal
- Collegiate
- Baycare/MPM
- Other

Join Fee: \$_____ Draft/Monthly Fee: \$_____ Pro-Rated: \$_____ Amount Paid: \$_____

EFT Drafting Cycle: 1st of month or 15th of month

Subsidies: Yes No / If yes, name of subsidy: _____

Staff Signature: _____ Date: ____ / ____ / ____



YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

PAYMENT AUTHORIZATION AGREEMENT

I hereby authorize the YMCA of the Suncoast to initiate an Electronic Fund Transfer (EFT) from my:

Bank Name: _____

Name on Account: _____

- Checking – Voided Check Required (bank deposit slips do not provide the appropriate data needed for an EFT).
- Savings – Please obtain appropriate routing/account data from bank as savings account deposit slips do not provide the appropriate data needed for an EFT.

Visa Master Card Discover American Express

*Please note: Not all Bank Debit Cards allow EFT processing (Voided check may be required).

Name on Card: _____

Last (4) digits of Card number: _____ Card Expiration Date: _____

_____ I understand that it is my responsibility to provide the YMCA of the Suncoast with current up-to-date bank or credit card information throughout the term of my membership. Should the YMCA of the Suncoast be unable to process my monthly EFT, this could result in the suspension of my membership.

Member
Initials

Member Signature: _____ Date: ____ / ____ / ____

YMCA Staff Signature: _____ Date: ____ / ____ / ____

Annual Giving Campaign

I hereby authorize an additional \$_____ to be added to my monthly membership dues to help provide financial assistance to those in need. At the YMCA, no one is denied membership or program services due to an inability to pay.

*** If member is under 18, parent/guardian must sign and initial application.**

MEMBERSHIP APPLICATION

(Please print clearly)

Prefix: _____ First Name: _____ Last Name: _____

Suffix: _____ Middle Initial: _____ Preferred First Name: _____

E-mail: _____ Preferred Contact Method: Mail Phone E-mail

Date of Birth: ____/____/____ Gender: M or F

Ethnicity/ Race: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other: _____

Annual Household Income Level: Under \$19,999 \$20,000 - \$29,999 \$30,000 - \$50,000
 \$50,000 - \$75,000 Over \$75,000

Total number of people in household: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Alternate Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Employer: _____ Phone (Work): _____

Privacy Notice

We will not disclose your e-mail information for any non-related YMCA use.

Emergency Contacts

(Please list two people other than a member of your household)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____



VERIFICATION OF ADDRESS AND DEPENDENT STATUS MAY BE REQUIRED



SPOUSE/PARENT/GUARDIAN INFORMATION

(Please print clearly)

Prefix: _____ First Name: _____ Last Name: _____

Suffix: _____ Middle Initial: _____ Preferred First Name: _____

Date of Birth: ____/____/____ Gender: M or F

Ethnicity/ Race: African American Asian/Pacific Islander Spanish/Hispanic/Chicano/Latino
 Caucasian/White Native American Bi/Multi-racial Other: _____

Phone (Home): _____ Phone (Cell): _____

Employer: _____ Phone (Work): _____

E-mail: _____ Preferred Contact Method: Mail Phone E-mail

*** If member is under 18, parent/guardian must complete application.**