

Wyckoff Family YMCA  
**Membership Application**



Date \_\_\_\_\_  
 Full    Bank Draft    Credit Card

Receipt # \_\_\_\_\_  
 Joiner's Fee \$ \_\_\_\_\_ + Month \$ \_\_\_\_\_  
 Total Paid \$ \_\_\_\_\_

MID/PID # \_\_\_\_\_

MEMBERSHIP TYPE \_\_\_\_\_

Last Name, First Name (PLEASE PRINT CLEARLY)			(Area Code) Home Phone #	
Street Address			Birth Date	Sex
City	State	Zip	Employer or School	
Emergency Contact (Name and Phone #)			Work Phone #	
E-Mail Address				
<i>- List Spouse &amp; Children (23 Years of Age and under) if Joining Under The Family Plan -</i>				
LAST NAME	FIRST NAME	SEX	BIRTH DATE	EMPLOYER/SCHOOL
_____	_____	M/F	____/____/____	_____
_____	_____	M/F	____/____/____	_____
_____	_____	M/F	____/____/____	_____
_____	_____	M/F	____/____/____	_____
_____	_____	M/F	____/____/____	_____
_____	_____	M/F	____/____/____	_____
_____	_____	M/F	____/____/____	_____

**MEMBERSHIP AGREEMENT**

The Wyckoff Family YMCA is a charitable and not-for-profit membership organization. Dues are paid by the monthly bank draft plan, monthly credit card draft, or in full for a minimum of 12 months. **Dues and joiners fees are non-refundable.** The YMCA will have no liability or responsibility for any personal injuries, loss or damage to personal property sustained by the member while using the YMCA facilities; and the member hereby recognizes and assumes the risk of any injury or loss. **Membership card must be presented to enter facility.** Any member who loans their membership card to another individual will be subject to loss of membership privileges. Periodically, photos of Y facilities and members are taken for publicity and advertising purposes. All fees charged by the Wyckoff Family YMCA are subject to change.

**FULL PAYMENT TERMS AND CONDITIONS:**

Memberships paid in full for one year are notified for annual renewal approximately 30 days prior to expiration and are payable on the YMCA renewal date. *If membership lapses 30 days beyond renewal date, applicable joiner's fees in addition to annual dues will be due upon membership reinstatement.*

I / WE AGREE TO THE TERMS AND CONDITIONS OF THIS MEMBERSHIP AGREEMENT:

MEMBER'S SIGNATURE (Parent if Minor)	DATE	YMCA REPRESENTATIVE	DATE
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**MONTHLY DRAFT TERMS AND CONDITIONS:**

1. I understand that this is a continuous membership plan for a minimum of 12 months and will automatically renew itself upon the anniversary of my join date. I will not receive a renewal notice. Monthly drafting will continue uninterrupted.
2. I understand 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 it is my responsibility to surrender all of my membership cards upon termination.
3. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership once per year. I understand that I will receive at least four weeks' notice prior to any such change.
4. Should any bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, along with a service charge applied by the YMCA. This is in addition to any service fee my bank may make. **I understand that it is my responsibility to notify the YMCA with a 30-day written notice should I change my financial institution at any time.**
5. Membership cards remain the property of the YMCA and must be surrendered upon request.
6. Memberships may not be "frozen" except for medical reasons, supported with a valid doctor's note **at the initial onset** of the medical occurrence.

**AUTHORIZATION:** I hereby authorize the Wyckoff Family YMCA, hereinafter called the YMCA, to initiate electronic entries to my \_\_\_\_\_ CHECKING ACCOUNT    AMEX    VISA    MASTER CARD (circle one) indicated below and the Financial Institution named below to debit my account. This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership.

I / WE AGREE TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION AGREEMENT:

MEMBER ACCT. HOLDER'S SIGNATURE (Parent if Minor)	DATE	YMCA REPRESENTATIVE	DATE
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