



YMCA of Natrona County

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Application Form

Member Information						
First	MI	Last	Card number	M / F	Date	
Mailing Address			City / State	Zip Code	DOB	
Home Phone		Work Phone		Email		
Employer		Position		Bus. Phone		
Parent/Guardian			DOB	Phone		
Spouse / Other Adult						
First	MI	Last	Card Number	M / F	DOB	
Dependents						
First	MI	Last	Card number	DOB	M / F	Relationship
First	MI	Last	Card number	DOB	M / F	Relationship
First	MI	Last	Card number	DOB	M / F	Relationship
First	MI	Last	Card number	DOB	M / F	Relationship
First	MI	Last	Card number	DOB	M / F	Relationship
Emergency Contact						
Name:			Phone Number:			
Donation						
<p>The YMCA is a 501(c)3 charitable organization that, in addition to membership fees, relies on donations to operate. These generous donations allow individuals and families to receive memberships at a discounted rate that they otherwise could not afford. In addition to my membership fees, I would like to support the YMCA-NC with a tax deductible monthly donation of:</p> <p style="text-align: center;"> <input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$ Other </p>						
Donor Signature: _____						
Membership Agreement						
<ul style="list-style-type: none"> The YMCA of Natrona County at their discretion may adjust membership rates. I understand that I will receive at least four weeks' notice prior to any change. It is the responsibility of every individual or their parent/guardian to provide their own accident and health insurance coverage while participating in YMCA activities. Neither accident nor health insurance coverage is provided by the YMCA-NC. Due to the nature of our membership, it is the policy of the YMCA-NC to deny membership to any registered sex offender and to terminate the membership of any member of the YMCA-NC who is required to register as a sex offender. I agree to abide by the YMCA-NC Code of Conduct as posted throughout the building as well as all YMCA policies. The YMCA-NC reserves the right to terminate any person's membership for any reason at any time. I understand that my membership will automatically renew each month unless I complete a Termination form at the YMCA-NC. It is my understanding that if I wish to terminate or change my membership in any way, I must complete the appropriate corresponding form(s) at the YMCA-NC no less than 5 days prior to the last day of the month. Terminations must be completed at least 5 days before the last day of the month to avoid being charged for the next month. Should my bank account or credit card not honor my membership draft for any reason, I understand and agree that I am still responsible for that payment plus any service fee applied by the YMCA-NC, in addition to any service fee my bank or credit card may make. Memberships are nonrefundable, even if paid in full by automatic draft or any other payment method. <p>To the best of my knowledge, all information provided is correct and may be verified by the YMCA-NC. I understand and agree to the above statements.</p>						
Member Signature OR Parent/Guardian				Date:		

Bank Draft / Automatic Credit Card Agreement		
Monthly Automatic Credit Card Payment - Credit Card Type	Monthly Automatic Checking/Savings Account Withdrawal	
Credit Card Number	_____ Checking _____ Savings	
Exp. Date ____ / ____ 3-digit code: _____	Bank Name	
Draft Date _____ 1 st _____ 15 th		
I authorize the YMCA of Natrona County to debit the above-named bank account or credit card for the monthly membership fee as indicated:		
Account Holder's Signature:	Date:	
Attach voided check here:		
Office Use Only		
Membership Type	Additional Fees	Payment Method
<input type="radio"/> Youth (Ages 0-12)	<input type="radio"/> Locker rental	<input type="radio"/> Auto Bank/Draft/Credit Card
<input type="radio"/> Student (Ages 13-19/student ID)	<input type="radio"/> Child Watch (Family Membership only)	<input type="radio"/> 12 Months in Full
<input type="radio"/> Young Adult (Ages 20-29)		<input type="radio"/> Payroll Deduct: NCSD/WMC
<input type="radio"/> Adult (Ages 30-59)		<input type="radio"/> Trade-Out:
<input type="radio"/> Adult Couple		<input type="radio"/> Scholarship – 6 mos in Full
<input type="radio"/> Senior (Age 60+)		<input type="radio"/> Short-Term Paid in Full
<input type="radio"/> Senior Couple (1 member aged 60+)		
<input type="radio"/> Family		
<input type="radio"/> Family, 1 Adult		
Staff Signature:	Date:	
Comments:		

Created 01.2017

