



SHIAWASSEE FAMILY YMCA MEMBERSHIP APPLICATION

Date: _____
Mbr # _____

Name: _____ Email: _____
Home Address: _____ Apt# _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone _____ Sex: () M () F Birthdate: ___/___/___
Employer: _____ Work Phone: _____ School Attending: _____

COMPLETE THIS SECTION FOR FAMILY MEMBERSHIPS ONLY

SPOUSE

Name: _____ Sex: () M () F Birthdate: ___/___/___
Employer: _____ Work Phone: _____ School Attending: _____

DEPENDENT CHILDREN (as defined by the IRS)

Name	Sex	Birthdate	Name of School Attending
1) _____	() M () F	___/___/___	_____
2) _____	() M () F	___/___/___	_____
3) _____	() M () F	___/___/___	_____
4) _____	() M () F	___/___/___	_____
5) _____	() M () F	___/___/___	_____
6) _____	() M () F	___/___/___	_____

Emergency Contact: _____ Relationship: _____ Phone: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

BANKDRAFT PAYMENT PLAN

- *Your next monthly draft will be \$ _____ on the 17th of _____ from your
() CHECKING, () SAVINGS, or () CREDIT CARD account.
- * Bank draft payment plan is a CONTINUOUS MEMBERSHIP and it will continue unless the YMCA is NOTIFIED IN WRITING 30 DAYS PRIOR TO NEXT DRAFT. **Member Initials:** _____
- * Membership rates are subject to change and you will be notified in writing prior to any membership adjustments.
- * I will notify the YMCA of any change in my bank account, phone number or home address.
- *I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fee assessed by the YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid.

Bank Name: _____
Routing Number: _____ **Account Number:** _____
Credit Card Number: _____
 Visa _____ **MasterCard** _____ **Expiration Date** _____
Authorized Account Signature: _____ **Date:** _____