



GREENSBURG YMCA MEMBERSHIP APPLICATION

MEMBERSHIP TYPE: Teen Young Adult Adult Couple Household 1 Household 2 Senior Senior Couple
Insurance Adult /Senior

PRIMARY ADULT	First Name:	MI:	Last Name:
Date of Birth:	Gender:	Email:	
Address:		City:	State: Zip:
Home Phone:		Cell Phone:	
SECOND ADULT	First Name	MI	Last Name
Date of Birth:	Gender:	Email:	
Relation to Primary:		Phone	State Zip

ADDITIONAL FAMILY MEMBERS:

Name (First, MI, Last)	Date of Birth:	Gender:	Relationship to Primary:
Name (First, MI, Last)	Date of Birth:	Gender:	Relationship to Primary:
Name (First, MI, Last)	Date of Birth:	Gender:	Relationship to Primary:
Name (First, MI, Last)	Date of Birth:	Gender:	Relationship to Primary:

EMERGENCY CONTACT NAME: Phone: Relationship:

ETHNICITY (optional): Asian Hispanic African American Caucasian Native American Multi-Racial Other

ANNUAL SUPPORT CAMPAIGN: Our Annual Support Campaign raises much needed funds to assist those facing financial challenges afford our programs and services.

I would like to make a difference in the life of a child/adult by giving to the Annual Support Campaign. Please add \$_____ per month to my monthly membership deduction OR I will make a one-time gift of \$ _____. I understand my donation is tax deductible.

OVER

OFFICE USE ONLY		
Date Enrolled: _____ Staff Initials: _____ Photo I.D.: _____ Picture Taken: _____ Barcode Tag: _____ Cr Card/EFT: _____	<p>Insurance Verification (Circle One)</p> <p style="text-align: center;">Ashlink Tivity Optum/Renew Active FITON Other _____</p> <p>Acct Number: _____</p> <p>_____ Info added to Wellness tab in Daxko</p> <p style="text-align: center;"><i>*Attach printed document verifying enrollment if available</i></p>	<p>Discounts</p> <p>_____ YMCA Employee</p> <p>_____ Scholarship (auto-term 6 mos)</p> <p>_____ Other _____</p> <p style="text-align: center;"><i>Attach Documentation</i></p>

DRAFT BILLING AUTHORIZATION

By signing below, I authorize the YMCA of Greensburg to withdraw my monthly membership dues on the 20th of every month from the account listed below. I am also stating that I understand the startup, maintenance and cancellation procedures of the Greensburg YMCA Draft Payment Plan as defined hereafter:

- Draft membership payment will be continuous until I choose to cancel my membership;
- Any change or cancellation of my membership received on or after the 1st of the month will not take effect until the following month's draft;
- Membership cancellation must be done IN PERSON at the Welcome Center or IN WRITING to the Membership Director;
- The YMCA of Greensburg is not responsible for any drafts deducted more than once after the designated cancellation date. It is the Member's responsibility to check their bank/charge statement to ensure the cancellation has been processed.
- All drafts returned for "non-sufficient funds" (NSF) will be drafted as soon as funds are available. A fee of \$30 will be collected by a third party agency for the NSF related re-draft. If the second draft attempt is returned NSF, the membership will be terminated.
- Member is responsible for notifying the YMCA of Greensburg of any account changes including expired credit card and EFT accounts, name, address, phone, email changes, etc.

Voided Check Attached

Credit Card: (Circle) Visa MC Discover Am Express

Name on Credit Card: _____ Expiration Date: _____

Account #: _____ 3 Digit Security Code: _____

Staff Complete: First Draft Date: _____ Monthly Draft Amount: \$ _____

Code of Conduct: The YMCA of Greensburg is founded on Christian principles and prohibits inappropriate behavior and conduct, as defined in our Code of Conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type including anyone found on the Megan's Law website. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participants at its sole discretion.

I accept all provisions of membership as set forth above, including the draft billing authorization.

Print Name: _____

Signature: _____

Date: _____

**** Please complete attached waiver. ****