



Richard G. Snyder YMCA Campus Membership Application

Staff Initials	_____		
Date Received	_____		
Annex	<input type="checkbox"/>	Coach/Connect	<input type="checkbox"/>
Banking	<input type="checkbox"/>	Tour	<input type="checkbox"/>

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

- Adult Couple Family Single Parent Family Senior Single Senior Couple Annex Only
- Youth Youth Multiple Special Needs Adult Special Needs Youth

NEW CHANGE

Payment type: Annual Pay Bank Draft Credit Card

Corporate Company: _____

First Name _____ Last Name _____ Sex _____

Address _____ City _____ Zip _____

Primary Phone _____ Do you allow SMS texts? YES NO Birth Date ____/____/____

E-mail Address _____

Emergency Contact _____ Relationship _____ Phone _____

First Name	Last Name	Age	Birth Date	Sex	Relationship
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

Bank Draft Application for Richard G. Snyder YMCA Campus

First Name _____ Last Name _____ Middle _____

Bank Name _____ Routing Number _____ Account Number _____

Credit Card Type _____ Credit Card # _____ Exp Date _____ 3 Dig # _____

Your First Draft will Be On: ____/____/____ Initial Payment \$____.____ Monthly Draft Amount \$____.____

The Bank Draft payment plan is an authorization for the Y to draft a member's account for monthly membership payments. Membership will remain active and continue to draft until a Cancellation Form is filed at the Richard G. Snyder YMCA Campus. If filed before the 25th of the month the membership will terminate at the end of the month. **NO PHONE or EMAIL CANCELLATIONS.**

Bank Drafts will be drawn on the **7th** of the month. Credit Cards will be charged the **2nd** of the month.

Membership holds will not be authorized unless medically necessary with official documentation from the Doctor and approval from the CEO.

Two consecutive insufficient fund transactions will result in termination of membership. A \$30.00 service fee for each insufficient fund transaction. All past dues will be charged when the membership is reactivated.

An increase of up to 5% may be assessed each year and will be reflected in the October draft.

Annual Memberships

Annual memberships will have an anniversary date of October. Bills will be mailed in September and balance will need to be paid by the end of October.

An increase of up to 5% may be assessed each year and will be reflected on your annual bill.

Membership Disclosure Statement

I swear/affirm that I have not been named a perpetrator of a founded report of child abuse, aggravated assault, or sexual abuse.

I understand that my membership will be terminated if I have been named as the perpetrator of a founded report of child abuse, aggravated assault or sexual assault.

I hereby swear/affirm that the information set forth above is true and correct. I understand the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

Signature: _____ Date: _____

