



# Richard G. Snyder YMCA Membership Application

|                      |
|----------------------|
| Staff Initials _____ |
| Date Received _____  |

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Family     Single Parent Family     Adult     Couple     Senior

Senior Couple     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 \_\_\_\_\_

Why the Y?     Fitness Classes     Youth Sports     Pool     Equipment

| 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: \_\_\_\_\_

