



SPENCER FAMILY YMCA MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP TYPE: _____

NAME _____
FIRST M.I. LAST

ADDRESS _____ EMPLOYER _____
STREET/PO BOX City/ST Zip

HOME PHONE _____ WORK PHONE _____ MOBLIE _____

EMAIL _____ MARRIED _____ SINGLE _____ MALE _____ FEMALE _____ BIRTHDATE _____

SPOUSE _____
FIRST M.I. LAST

WORK PHONE _____ MOBLIE _____ EMPLOYER _____

EMAIL _____ MARRIED _____ SINGLE _____ MALE _____ FEMALE _____ BIRTHDATE _____

DEPENDENTS:

CHILD (REN) NAME	M/F	BIRTH DATE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHOTO POLICY: _____(INITIAL) I, the undersigned, do hereby consent and agree that the Spencer Family YMCA, it's employees, or agents have the right to take photographs to use in any and all media, now and hereafter known. (parent if minor)

REFUND POLICY: _____(INITIAL) No refunds are given on full pay memberships. A receipt for tax deduction purposes will be issued to you for any unused portion of your membership. The non-refunded amount will be allocated for the youth department.

WAIVER: _____(INITIAL) In consideration of the YMCA accepting this application, I for myself, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing, release and forever discharge the Spencer Family YMCA and its officers, employees, directors, agents, servants, and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by minor(s) for whom I am signing or his/her property at any time. I declare, for myself and the minor(s),that I am/they are physically sound and medically approved to participate in the activities of the Spencer Family YMCA.

SEX OFFENDER SCREENING: _____ (INITIAL) The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

CODE OF CONDUCT: The Spencer Family YMCA is founded on principles and values of mutual respect and responsibility, The YMCA prohibits inappropriate behavior and conduct. We have a **Zero Tolerance Policy** regarding the conduct of our members; this policy applies to all members. Such inappropriate behavior or conduct is unacceptable and the YMCA retains the right, at its discretion to deny YMCA membership to its applicants and to suspend or revoke a membership of any current member or program participant, if the individual is charged with or convicted of any felony or any crime involving a minor. In the event of any suspension or revocation, membership fees paid to date are non-refundable.

We expect behavior that is consistent with the YMCA's stated goals...**we're for youth development, healthy living and social responsibility. Please sign below after receiving the Spencer Family YMCA Code of Conduct.**

SIGNATURE OF APPLICANT DATE

OFFICE USE ONLY:

Date _____	Amount Due \$ _____	Discount \$ _____	Date Entered _____	Staff _____
Cash Paid \$ _____	Check # _____	Credit Card Last 4# # _____	Bank Draft _____	Receipt # _____



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REQUEST TO SPENCER FAMILY YMCA FOR
AUTOMATIC BANK DRAFT AGREEMENT FOR: YMCA MEMBERSHIP

NAME OF MEMBER _____	MEMBER ID # _____
DATE OF APPLICATION _____	MONTHLY FEE DEDUCTED _____

The bank depositor identified below hereby requests Spencer Family YMCA to establish an automatic bank draft arrangement for each item identified below and to draw deductions monthly under such an arrangement against the bank account identified below in payment of **YMCA Membership Dues**.

1. This form is for all Spencer Family YMCA bank draft arrangements. The arrangement pays for **YMCA MEMBERSHIP**.
2. The bank draft arrangement may be terminated by the bank depositor or by the Spencer Family YMCA effective upon receipt of such notice by the YMCA after **one year** of continuous payment. If the bank arrangement is so terminated, the responsibility of the bank depositor, as such, for payment of fees shall cease, except with respect to any fees covered by automatic bank draft drawn prior to the date of termination. To cancel your bank deduction, you must stop by the Member Services Desk no later than 10 days before withdrawal date (**15th of the month**) and complete a stop payment form and **TURN IN ALL MEMBERSHIP CARDS**.

____ (initial) For my benefit and convenience, I hereby request and authorize the Spencer Family YMCA to charge my account an automatic bank withdrawal payable to the Spencer Family YMCA to its own order. This authorization, including yearly Membership rate increases or deductions will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that the Spencer Family YMCA shall be fully protected in honoring any such withdrawal. **First year membership** must be paid in full before this agreement can be cancelled or terminated.

____ (initial) In consideration of your compliance with such request and authorization, I agree that the YMCA's treatment of each such withdrawal, and YMCA's rights in respect to it shall be the same as if it were signed personally by me and that if any such withdrawal be dishonored, whether with or without cause, the YMCA is secure under no liability whatsoever even though such dishonor results in the forfeiture of membership. Each dishonored or returned bank draft will have a \$25.00 return service fee *attached to its redeposit amount. *The Y reserves the right to withdraw again 5 days from the return notification along with a \$25.00 return fee. You will be notified by phone before the withdrawal is made.

Please check one of the following draft options you would like to use for your **Membership Dues**. *Monthly deductions will be deducted on the 15th of the month and no later than the 25th of each month.*

SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	BANK NAME _____
FIRST NAME on Account _____		LAST NAME on Account _____
BANK ROUTING # _____		BANK ACCOUNT # _____
Membership Type _____		AMOUNT TO BE DRAFTED _____

CREDIT CARD	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
NAME AS IT APPEARS ON CARD _____			
CREDIT/DEBIT CARD NUMBER _____			
CARD EXPIRATION DATE _____		3 DIGIT SECURITY CODE _____	
AMOUNT TO BE DRAFTED _____			

THIS AGREEMENT IS A CONTRACT FOR AT LEAST ONE YEAR. IF TERMINATION IS DONE BEFORE THE ONE YEAR AGREEMENT, PAYMENT OF THE BALANCE IS EXPECTED, THE YMCA WILL ACT ACCORDINGLY FOR COLLECTION OF THIS AGREEMENT EXCEPT WHERE GOOD CAUSE CAN BE SHOWN.

SIGNATURE _____ DATE _____

Signature of depositor(s) as shown on bank records for account to which this authorization is applicable.