



Tiftarea YMCA Application for Membership

First Name _____ MI. _____ Last _____ M F

If **YOUTH** membership, list parent(s) name _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

**** Place of Employment:** _____ Cell Phone _____

**** Member's E-mail Address** _____ **Birth Date** ____ / ____ / ____

Spouse Work Phone _____ Spouse Cell Number _____

Ethnicity: African-American Hispanic Caucasian Other: _____

**** Emergency Contact Name** _____ ****Phone Number** _____

All Annual, Semi-Annual and Semester memberships are paid in full with no refund available.

Family Membership Information (List Last Name if Different)

#	Spouse/Children's Names	M/F	Birth Date	Relationship	Ethnicity
01					
02					
03					
04					
05					
06					

To help us serve you better, please fill out the following information. This information is kept confidential.

How did you hear about the Y? Newspaper TV Radio YMCA Brochure Member Other: _____

What are your interests at the Y? Fitness Swimming Gymnastics Youth Sports Programs Other: _____

The YMCA is a volunteer-driven organization. We utilize volunteers in our programs such as YMCA Youth Super Sports coaches, special events like YMCA Healthy Kids Day and Race of the South. We can certainly use your help.

Would you like a staff member to contact you regarding volunteer opportunities at this time? Yes No

If yes, what special skills do you have? _____
(e.g. referee, coach, clerical, hospitality)

In what area are you interested in volunteering? _____
(e.g. youth sports coach, facility, special events)

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I give the Tiftarea YMCA permission to take my picture in daily activities associated with the Tiftarea YMCA and use them in publications such as but not limited to: The Tifton Gazette, Facebook, Newsletters and Flyers. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

Signature _____ **Date** _____

Annual Semi Annual Monthly Scholarship Corporate Discount Join Date: _____ STAFF INITIALS: _____

Type of Membership: Family SP Family Adult Couple Senior SR Family Student Teen Youth

Authorization Agreement for Tiftarea YMCA

I understand that: **(Please initial)**

_____ I hereby authorize Tiftarea YMCA to initiate monthly Electronic Fund Transfer or debit/credit card deductions for fees due to Tiftarea YMCA.

_____ Any changes or cancellation must be done IN WRITING **10 DAYS** PRIOR TO THE FIRST OF EVERY MONTH. This will be handled in person at the YMCA. NO CHANGES OR CANCELLATIONS CAN BE PROCESSED BY TELEPHONE. IF YOUR MEMBERSHIP IS CANCELLED BEFORE ONE YEAR, YOU WILL HAVE A CANCELLATION FEE EQUAL TO ONE ADDITIONAL MONTH.

_____ The debit date will be scheduled for the **(circle one) 1st 15th** of each month but that my account may not show this debit for up to five days.

_____ Should my account not have sufficient funds available for fees due to the YMCA, I will be responsible for any overdraft charges placed on my account by my bank.

_____ I understand that should any overdraft occur I will still be responsible for any fees due to the YMCA along with any service charges applied by the YMCA and that attempts will be made to collect such fees owed.

_____ The Tiftarea YMCA has a new system in place to help the YMCA collect on declined membership drafts. Effective September 1st 2016, if your membership draft with Tiftarea YMCA is returned NSF or declined by your bank, it will be collected electronically and you will be charged an additional \$30 service fee by our third party collection company E-Cashflow Systems.

First Name

Signature _____ **Date** _____

Last Name

Member Type	Day of Withdrawal	Payment
<p>I have given authority to the above stated bank to honor pre-authorized checks drawn by you on my account for membership payments as indicated above. It is understood that your sending of a pre-authorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any pre-authorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment.</p>		
<p>_____ Signature of Bank Depositor (as shown on Bank Record)</p>		<p>_____ Date</p>