



YMCA OF BOULDER VALLEY
MEMBERSHIP PAYMENT AUTHORIZATION FORM

Please print clearly.

I SUPPORT!
Bronze Member: add \$5 per month
Silver Member: add \$10 per month
Gold Member: add \$15 per month

Join fee and first month's membership fee is due at time of joining.

Responsible Party (Full Name) _____ DOB _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____ Membership Type _____

I SUPPORT! Y Community Support Campaign: Making a gift to the Y and supporting your community is easy when you donate through your Y membership.

Yes, I would like to donate: [] Bronze (\$5 per month) [] Silver (\$10 per month) [] Gold (\$15 per month) or a one time amount of \$ _____

Refund Policy: The responsible party must monitor their account activity and contact the Y member services desk immediately with questions concerning their account.

Membership Change/Hold: A change/hold form must be submitted to the Y member services desk fifteen (15) days prior to the next scheduled draft date.

Cancellation Policy: A month-to-month member may voluntarily terminate his/her membership by completing a Y member cancellation form; all terminations must be submitted in writing to the branch at least fifteen (15) days prior to the member's next scheduled draft date.

Payment Options and Fees: You must select a payment plan option upon joining. This authorization shall remain in effect until a membership cancel form or new payment option form is submitted in writing fifteen (15) days prior to the next scheduled draft date.

Auto Draft Pay Option (Monthly payment via Credit/Debit Card or Bank Account): By providing my signature below, I agree to the stated policies and authorize the YMCA of Boulder Valley to charge my debit/credit card or draft my bank account.

DRAFT DATE: [] DRAFT on the 1st (Join between the 25th and 8th) [] DRAFT on the 16th (Join between the 9th and 24th)

CREDIT/DEBIT CARD:

Credit/Debit Card Holder Name _____
Visa/MC/Amex/Disc Card # _____ VIN Code _____ Exp. Date _____
Signature: _____ Date: _____

BANK DRAFT: (Attach a voided check or deposit slip)

Account Holder Name _____ Bank Name _____
Routing Transit # _____ Account # _____
Signature: _____ Date: _____

Annual Pay Option: [] Yes By providing my signature below, I agree to the stated policies and will pay the annual membership rate in full upon joining.

Signature: _____ Date: _____

OFFICE USE ONLY: Intake Initials: _____ Intake Date: _____ Entered Initials: _____ Entered Date: _____