



# Middle Tyger YMCA Membership Application

Gateway Scholarship Financial Assistance Program: The YMCA of Greater Spartanburg offers financial assistance based on household income and size for those with limited incomes. If you would like more information on this program, a member service staff can assist you.

Join Date \_\_\_\_\_ Membership Type: \_\_\_\_\_

**Primary Member** First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male Female

Race: African American Asian Caucasian Hispanic Other: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Employer/School: \_\_\_\_\_

*Privacy notice: We will not disclose your email information to third parties or anyone outside of the YMCA. By providing your email address, you agree to receive emails regarding your membership, as well as news about YMCA programs and events.*

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Guardian or Household 2nd Adult Information:** If member is under 18, guardian information must be completed.

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: Male Female Please check one: \_\_\_ 2nd Adult \_\_\_ Guardian

E-Mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

**For Household Membership: proof of residency and/or dependency is required.**

- | Name: First | MI | Last | Gender: M F | Birthdate: _____ |
|-------------|----|------|-------------|------------------|
| Name: _____ |    |      |             |                  |
| Name: _____ |    |      |             |                  |
| Name: _____ |    |      |             |                  |
| Name: _____ |    |      |             |                  |
| Name: _____ |    |      |             |                  |

# Payment Agreement

Please check payment type

## Monthly Draft:

Sign The YMCA of Greater Spartanburg sells yearly memberships. We allow people to pay for them through monthly draft or payroll deduction as a convenience to our members. I understand that by choosing the Bank Draft payment system for my membership at the YMCA, I agree to the following responsibilities:

1. I understand that if I terminate my membership, **I will be drafted one more time after I give my written notice** and my membership will remain active 30 days after that draft date.
2. I am responsible for keeping money in my account to cover the draft. I agree to pay a return draft fee of \$30 for each returned draft.
3. I understand that there are no refunds on membership fees.
4. I understand my membership is continuous and fees are subject to change with a 30 day notice.
5. I understand that if I stop payment or close my account without notice I must pay a \$30 fee.
6. I understand that I need to notify the YMCA immediately of any changes in my account numbers that are needed for the draft, including changes to debit and credit cards numbers. **Any charges incurred due to changes made without prior notification will be my responsibility.**

Draft Date (circle one): 1st 15th

Amount to be drafted: \_\_\_\_\_

Draft From (circle one): Checking Savings Credit Card (Visa, Mastercard, Discover)

## Annual (pay for year in full):

Sign I understand that by paying for my membership annually, I agree to the following responsibilities:

1. I understand that there are no refunds on membership fees, even if I choose to terminate my membership before the year I paid for is completed.

## Payroll Deduction (*must have copy of signed payroll deduction form from employer*):

Sign Employer: \_\_\_\_\_

1. I understand that there are no refunds on membership fees and it is my responsibility to notify my employer and the YMCA when I wish to change or terminate my membership.

## Please read before signing:

As a YMCA member, I: 1) state that I and all family members participating in YMCA activities or use of the YMCA facilities are in good physical health with no medical restrictions or physical limitations; 2) accept full responsibility for myself, family members, and guests who participate in YMCA activities or use the YMCA facilities; 3) acknowledge and assume risks involved in exercise and other activities requiring physical exertion; 4) agree that the YMCA may photograph or videotape me or my family members and the YMCA may use those photographs or videos for their marketing purposes.

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Staff Use Only

Member ID Number: \_\_\_\_\_

### Did you remember to:

Joining Fee: \$ \_\_\_\_\_

Pro-rated payment: \$ \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

Today's Payment Type: Cash Check Credit

Member Service Staff Signature: \_\_\_\_\_

\_\_\_\_ Get proof of residence and verify dependency

\_\_\_\_ Get proof of employment for corporate discount

\_\_\_\_ Get a copy of class schedule for Student Rate

\_\_\_\_ Give a New Member Packet