



YMCA OF GREATER SPARTANBURG Membership Application

Adult Household Senior Adult Senior Household Student Youth
3rd Adult 4th Adult

PLEASE PRINT PRIMARY MEMBER (ADULT)

Name: _____ Birth Date: __/__/__
Male Female

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone : _____

Email: _____

Second Adult

Name: _____ Birth Date: __/__/__
Male Female

Third Adult

Name: _____ Birth Date: __/__/__
Male Female

Fourth Adult

Name: _____ Birth Date: __/__/__
Male Female

DEPENDENTS:

Name: _____ Birth Date: __/__/__
Male Female

Name: _____ Birth Date: __/__/__
Male Female

Name: _____ Birth Date: __/__/__
Male Female

Name: _____ Birth Date: __/__/__
Male Female

Name: _____ Birth Date: __/__/__
Male Female

Name: _____ Birth Date: __/__/__
Male Female

Emergency Contact Name: _____

Phone Number: _____

I request a membership that will be paid _____ Annually _____ Monthly Bank Draft

Bank Draft: Membership benefits are continuous until written notification is provided by myself to the YMCA of my intent to discontinue membership. I agree that if for any reason I wish to terminate or change the status of my membership, I must sign a termination request form and I will be drafted one additional month at 100% of my regular monthly dues and that my membership will remain active for 30 days after that last draft. (_____ **Member Initials**)

Draft Amount \$ _____ to begin immediately and on the 1st/15th of each month thereafter.

EFT/Credit Card Last 4 numbers of billing method _____

Annual Campaign Monthly Donation: \$5 \$10 \$15 \$25 Other \$ _____ Member initials _____

I understand that my membership is non-transferable and is non-refundable.
I understand that if my automatic draft is returned unpaid, it may be collected electronically along with a \$30 return fee that will be collected electronically and that I am responsible for all collection costs.
I understand my membership is continuous and fees are subject to change with a 30 day notice.
I understand if I stop payment or close my account without proper notification, I must pay a \$30 fee.
I understand that I need to notify the YMCA immediately of any changes in my bank account numbers, changes in my debit or credit card, or if my card is lost or stolen. **Any charges incurred due to changes made without prior notification will be my responsibility and will incur a \$30 fee.**
I understand there are no refunds on membership fees, even if paying annually and I choose to terminate the membership before the year I paid for is completed. If being payroll deducted, it is my responsibility to notify my employer and the YMCA when I wish to change or terminate my membership.
I have received and agree to abide by the rules and policies outlined in the Member Handbook.
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; 5) understand that this membership may be revoked at any time. 6) 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.

Signature _____ Date _____

FOR STAFF USE ONLY:
Date entered: _____ CORE ID # _____ Staff Name: _____
Notes: _____ Ready Set Move Appointment _____