



# YMCA OF GREATER SPARTANBURG Membership Application

Adult    Household    Senior Adult    Senior Household    Student    Youth  
3<sup>rd</sup> Adult    4<sup>th</sup> 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

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 1<sup>st</sup>/15<sup>th</sup> 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 by obtaining membership, I grant permission for an instant background check on the sex offender registry.  
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.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

FOR STAFF USE ONLY:  
Date entered: \_\_\_\_\_ DAXKO ID # \_\_\_\_\_ Staff Name: \_\_\_\_\_  
Notes: \_\_\_\_\_