



Union County Family YMCA

Membership Application

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Gender: _____

Home Phone: _____ Cellular: _____

Email: _____ Employer: _____

If you live in the City and **pay City Taxes**: Check here _____ for City Discount

Please complete the following, if joining as a family membership:

Spouse: _____ D.O.B.: _____

Phone: _____ Email: _____

Child: _____ D.O.B.: _____

Phone: _____ Gender: _____

Child: _____ D.O.B.: _____

Phone: _____ Gender: _____

Child: _____ D.O.B.: _____

Phone: _____ Gender: _____

Child: _____ D.O.B.: _____

Phone: _____ Gender: _____

The Union County Family YMCA is a private not-for-profit organization. All membership dues and joiner's fees are non-refundable. As a participant in any YMCA activities, I assume all responsibility for personal injuries and loss or damage of personal property for myself and those included under my membership plan. Any attempt to defraud the YMCA or intentional damage to YMCA property could result in revocation of membership privileges.

Payment Options:

Annual: Payment of annual dues entitles membership privileges for a period of one calendar year from the date of payment.

Quarterly: Payment of quarterly dues entitles membership privileges for a period of three consecutive months. A bill will be generated to notify members of payments being due. If a bill goes unpaid for a period of one month the membership will be terminated.

Monthly: Monthly payments are only accepted through an automatic bank draft. The YMCA drafts on the 10th of each month or the next business day in the event of the 10th being a weekend or holiday. In the event that we are unable to draft your account due to insufficient funds, there is a \$30 return payment fee. Should you desire to cancel a monthly draft the YMCA must receive a written statement to that effect a minimum of 30 days prior to the desired final draft. A **service charge** will be charged at the following rates: Credit Card: 3% & ACH: \$0.68.

I authorize the Union YMCA to draft my account for the membership dues until the membership is terminated. _____ (Initials)

Account type (circle): **Checking** **Savings** **Credit Card**

Reinstatement: In the event that a membership is terminated, the membership can be reinstated within **90** days without payment of the joiner's fee.

Financial Aid: If approved for financial assistance, it will expire exactly ONE YEAR from join date. Member must reapply, or they will be charged the full membership rate.

Image Statement: I agree that the YMCA may use my photo or likeness in publications and advertisements.

By signing below, I affirm that I have read and understand the information provided, including the Code of Conduct, regarding membership at the Union County YMCA:

(Account Holder/ Primary Member)

(Date)

Y Staff: _____
(Name)

(Date)