

Returning Member
(Check Below)

Today's Date



Membership Application

- Massad Spotsylvania
- Rosner Caroline
- King George

Staff Use Only

Membership Term: _____

Staff Member Completing Application _____

- Family Adult Student (13-18, College 18-24)
- Senior Family (55+) Senior Adult (55+) Employee

NAME					BIRTHDAY	GENDER
Title	First Name	MI	Last Name	Suffix	MM/DD/YY	Circle One Male Female

Social Security Number: Name _____ Number _____

Driver's License: Name _____ Number _____ State _____ Exp. _____

FAMILY INFORMATION

Name with middle initial (Last if different)	Gender	Date of Birth (MM/DD/YY)	Relationship

RESIDENCE ADDRESS

Street _____ City _____ State _____ Zip _____

TELEPHONE NUMBERS

Home () _____ Business () _____ Cell () _____

PERSONAL E-MAIL ADDRESS (OVER 18 ONLY)

EMPLOYER	SPOUSE'S EMPLOYER
Company Name _____	Company Name _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Number _____	Phone Number _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name/Relationship: _____

Best Contact Number: _____

HOW DID YOU HEAR ABOUT THE YMCA?

Brochure Friend Newspaper Radio Television
 Billboard Past Member *Would you like information about our Volunteer Program?* **Yes No**

We build strong kids, strong families, strong communities!

REACH OUT Support Donation

The Rappahannock Area YMCA is a not-for-profit organization whose sole purpose is to improve the quality of life in our community. The YMCA provides assistance to families, individuals, and groups that could benefit from the participation at the "Y" but do not have the ability to pay the full membership rates, program fees, and/or usage charges. Our community needs are constantly growing and that is why we need your help. Yes, I want to help the YMCA help others by increasing my membership fee by:

_____ \$5 _____ \$10 _____ \$15 _____ \$20 \$ _____ Other

I understand this amount will be added to my monthly draft or credit card charge and can be considered by me as a tax deductible contribution to the full extent of the law.

Rappahannock Area YMCA, Inc., MEMBERSHIP ENROLLMENT FORM cont.

**Member
Initials:**

As a member of the Rappahannock Area YMCA, Inc., I acknowledge receiving a copy of the Membership Privileges and Responsibilities in the Program Guide. I understand it is my responsibility to read and adhere to those guidelines.

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER OR CHARGE CARD PAYMENT

In order to provide for convenient monthly payments to the Rappahannock Area YMCA, Inc. (the Association), the member authorizes electronic funds transfer (EFT) from specified checking/savings account or charge card in the amount of and on or after the date specified. The Association is authorized to change the payment date or amount from time to time by giving the member thirty (30) days written notice. If membership dues are increased, the member's electronic funds transfer or charge can also be increased. Electronic funds transfer is subject to the rules of the Wachovia Bank, N.A. and the member agrees to be bound thereby. **Member may cancel this authorization with thirty (30) days written notice and surrender of membership cards to the Association.** In no event shall a revocation of authority be effective with respect to entries the bank honors electronic funds transfer by charging the specified amount or when the charge is made to the specified charge card, the funds transfer or charge shall constitute the receipt of payment. Should any electronic transfer or charge not be honored then it is understood that payment is to be made by the member in the amount of said payment along with a NSF draft charge. This agreement also allows the Association to initiate a reversing entry to a member's account in the event that an error occurs. Membership changing from **Student to Adult (19 years old)** and from **Adult to Senior Adult (55 years old)** will automatically renew to the appropriate monthly rates during the first draft at which the primary member has reached the aforementioned age. Members with family memberships will need to notify Member Services when their memberships are due to convert to the Senior Family Membership.

FIXED PAYMENT TERMS

Those members paying ahead on a yearly (Fixed Term) plan may cancel their membership at any time upon a 30-day written notice. Refunds are not given for early cancellation of a fixed term membership.

DEFINITION OF FAMILY

"Family" includes the enrollee and legal dependents as defined by the Internal Revenue Service. The YMCA reserves the right to ask for the most recent 1040 form or other documentation, as well as the right to make exceptions as deemed necessary.

Providing the following optional information assists the YMCA in reporting requirements (please check appropriate boxes):

Marital Status: Married Single Other _____

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic Other

Income Range: \$25,000 & Under \$26,000-\$45,000 \$46,000-\$65,000 \$66,000-\$100,000 \$101,000 & above

I authorize monthly Electronic Funds Transfer from the following Bank:

Transit Routing Number

Checking Savings

Account Number

A voided check must be attached to this form.

I authorize monthly Electronic Funds Transfer from the following Credit Card:

VISA Master Card Expiration Date (MM/YY):

Account Number:

I have read the authorization agreement for EFT, Charge Card Payment or Fixed Term and authorize the payment as stated. I have read and understand the terms for termination and "Definition of Family."

Membership Account Holder's Signature

Membership Representative

Today's Payment Method

Amount Paid: \$ _____ Receipt #: _____

Cash Check Visa MC Gift Certificate

Coupons or Promotional Passes

Special Offer Description: _____
Amount: \$ _____

The initial amount of the monthly funds transfer or charge is \$ _____, which will be transferred or charged on or after the _____ of each month. **Date of First Full Draft:** _____

JOINING FEE

Waived, Reason: _____
Membership Representative's Initials: _____
Executive Director's Initials: _____

Staff Use Only:

FA Awarded: _____ Total Cost: _____

Membership Signature: _____