



# ANDERSON AREA YMCA

## Membership Application

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Birthdate** \_\_/\_\_/\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Sex** (circle) M F **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Employer** \_\_\_\_\_  
**Emergency Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Spouse Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Birthdate** \_\_/\_\_/\_\_\_\_

Child First Name	Last Name	Birthdate	Sex	School

**If the child/children have a different last name than the person applying for membership:**  
 Is the child/children your biological/step children YES \_\_\_\_\_ NO \_\_\_\_\_  
**If no**, do you have legal custody? YES \_\_\_\_\_ We will need copy of court order for legal custody; or copy of tax return showing you claim them as a dependent; or copy of medical insurance showing they are covered under your medical insurance.

### BANK DRAFT MEMBERS

**Please read and initial:**

- \_\_\_\_\_ The bank draft membership is a perpetual membership and valid until the YMCA member signs a cancellation form.
- \_\_\_\_\_ I understand that if I terminate or change my membership, it takes the YMCA 10 days to do so, and 10 days written notice is required.
- \_\_\_\_\_ Terminations must be in the form of a written notice given at the front desk.
- \_\_\_\_\_ The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive at least four weeks' notice prior to any such change.
- \_\_\_\_\_ Should my membership draft not be honored by my bank for any reason, I realize that I am responsible for that payment, plus a service charge applied by my YMCA. This is in addition to any service fee my bank may charge.

**Members Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*MUST ATTACH VOIDED CHECK OR BANK FORM WHICH INCLUDES MEMBER'S ROUTING AND ACCOUNT NUMBER.**

OFFICE USE ONLY	
<b>Membership Type:</b>	<input type="checkbox"/> Family <input type="checkbox"/> SPF <input type="checkbox"/> Adult <input type="checkbox"/> Senior Adult <input type="checkbox"/> Senior Couple <input type="checkbox"/> Student <input type="checkbox"/> SS <input type="checkbox"/> S&F <input type="checkbox"/> RA <input type="checkbox"/> Teen <input type="checkbox"/> Youth
<b>Payment Plan:</b>	<input type="checkbox"/> Bank Draft <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Payroll Deduct <input type="checkbox"/> Scholarship <input type="checkbox"/> College
<b>Amount Paid: \$</b> _____	<b>Corporate Group Name:</b> _____
<b>Staff Signature:</b> _____	<b>Date:</b> _____