

MEMBERSHIP AGREEMENT



Today's Date

Center Number

Customer ID Number

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family | <input type="checkbox"/> College | <input type="checkbox"/> HLP+ Adult |
| <input type="checkbox"/> Single Parent With Kids | <input type="checkbox"/> Family Plus One | <input type="checkbox"/> AOA | <input type="checkbox"/> HLP Family |
| <input type="checkbox"/> Couple | <input type="checkbox"/> Family Plus Two | <input type="checkbox"/> AOA Couple | <input type="checkbox"/> HLP+ Family |
| <input type="checkbox"/> Couple Plus One | <input type="checkbox"/> Teen | <input type="checkbox"/> SilverSneakers® | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Couple Plus Two | <input type="checkbox"/> Young Adult | <input type="checkbox"/> HLP Adult | |

Name					Birthdate	Sex
Title	First Name	MI	Last Name	Suffix	MM/DD/YY	<input type="checkbox"/> Male <input type="checkbox"/> Female
Personal Email Address (Over 18 only)						
Email: _____ By providing your email address, you will receive our monthly email newsletter and you may occasionally receive other email updates from the YMCA of Greater Kansas City. You may unsubscribe at any time.						
Residence Address						
Street			City	State	Zip Code	
Telephone Numbers						
Home ()		Business ()			Cell ()	

Household Information				
Name (Last, if different)	Gender	Date of Birth MM/DD/YY	Relationship	Email (Over 18 only)
Emergency Contact Information				
Emergency Contact Name/Relationship			Contact Phone Number ()	

YMCA OF GREATER KANSAS CITY MEMBERSHIP ENROLLMENT FORM

As a member of the YMCA of Greater Kansas City, I acknowledge receiving a copy of the Membership Privileges and Responsibilities. I understand it is my responsibility to read and adhere to those guidelines. I also understand that photos of myself or my family, taken as we participate in the Y's activities, may be used for publicity purposes. I release the YMCA of Greater Kansas City and their associates from all claims of injury which may be sustained while participating in any Y-sponsored activity, whether caused by the negligence of the Y or otherwise. If medical attention is required, I give my permission for such medical care.

Member Initials _____

Customer ID Number

Grid for Customer ID Number

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER OR CREDIT CARD PAYMENT

In order to provide for convenient monthly payments to the YMCA of Greater Kansas City (the Association), the member authorizes electronic funds transfer (EFT) from specified checking/savings account or credit card in the amount due on or after the date specified. **Your bank or credit card statement may reflect a variation of Active, our software host.** 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. **Member may cancel this authorization with thirty (30) days written notice. In no event shall a revocation of authority be effective with respect to entries the bank honors electronic funds transfer by charging the specified account or when the charge is made to the specified credit 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. This agreement also allows the Association to initiate a reversing entry to a member's account in the event that an error occurs.

Member Initials _____

FIXED PAYMENT TERMS

Members paying ahead for a 6 or 12-month plan (Fixed Term) may cancel their membership at any time upon a 30-day written notice.

Member Initials _____

Would You Like to Sponsor a Child in Y Swim Lessons, Sports, Child Care or Another Y Program?

I want to help the Y help others by increasing my membership fee by \$ _____ per month. I understand that this amount will be added to my monthly draft or credit card charge and can be considered by me as a contribution.

I would like to add a one-time donation to today's membership payment \$ _____.

_____ I authorize monthly electronic funds transfer from the following bank: _____

_____ Checking _____ Savings **A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.**

_____ I authorize monthly electronic funds transfer from the following credit card for the monthly membership fee.

LAST FOUR DIGITS OF CARD NUMBER

EXPIRATION DATE (MM/YY)

Grid for last four digits of card number

Grid for expiration date

Keep credit/debit card information on file for online use in the future.

The amount of the monthly funds transfer or charge is: \$ _____ to be transferred or charged on or after the _____ of the month. Monthly drafts set up for the 29th, 30th or 31st will fall on the 28th of the month or after.

Enrollment Fee Amount \$ _____

Amount Paid Today \$ _____

There will be a \$30 service fee for any returned check.

I have read the authorization agreement for EFT, charge card payment or fixed term and authorize the payment as stated.

Account Holder Signature _____ Date _____

Associate Name _____

Associate Signature _____ Date _____

WELL-BEING MEMBERSHIP AGREEMENT

- 1. Your 12-month Well-Being Agreement ends on _____.
- 2. The membership will continue after the 12 months unless written notice to cancel the membership is provided.
- 3. If the membership is canceled before the 12-month agreement ends, you will be responsible for payment of the deferred joining fee.

Member Initials _____

FIRST WELL-BEING APPOINTMENT

Date _____ Time _____

Program _____

Healthy Living Coach _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

We will not sell your information to any other organization.