



MEMBERSHIP APPLICATION

NAME: _____ GENDER: _____
(FIRST) (LAST) (M)

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

PRIMARY PHONE: _____ ALTERNATE PHONE: _____
USED FOR CONTACT PURPOSES USED FOR EMERGENCY PURPOSES

EMAIL: _____ BIRTH DATE: ____/____/____ AGE: _____

EMERGENCY CONTACT: _____ PHONE: _____

PLACE OF EMPLOYMENT: _____ Drivers License Number and State _____

WHAT PROMPTED YOU TO JOIN THE COLUMBUS FAMILY YMCA?

- FRIEND NEWSPAPER POSTCARD EMAIL WEBSITE FACEBOOK
- AD
- YOUTH PROGRAM YMCA APP FITNESS CLASS OTHER

Spouse (Name of parent of Youth Membership only)

NAME: _____ GENDER: _____

PHONE: _____ BIRTH DATE: ____/____/____ AGE: _____

EMAIL: _____

PLACE OF EMPLOYMENT _____

Drivers License Number and State _____

DEPENDENT CHILDREN (CLAIMED ON YOUR INCOME TAX):

- NAME: _____ GENDER: _____ BIRTHDATE: ____/____/____ AGE: _____ GRADE: _____
- NAME: _____ GENDER: _____ BIRTHDATE: ____/____/____ AGE: _____ GRADE: _____
- NAME: _____ GENDER: _____ BIRTHDATE: ____/____/____ AGE: _____ GRADE: _____
- NAME: _____ GENDER: _____ BIRTHDATE: ____/____/____ AGE: _____ GRADE: _____
- NAME: _____ GENDER: _____ BIRTHDATE: ____/____/____ AGE: _____ GRADE: _____

"I understand that Membership does not take effect until payment information is setup at a YMCA facility. I also understand that it is my responsibility to notify the Columbus Family YMCA of my intent to cancel my membership in writing in accordance with the cancellation policy. No membership dues will be refunded when facilities are not used."

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

For Office Use Only:

Date and Time of Transaction: _____ Membership Type: _____
Entered By (Printed Name): _____ Verified By (Printed Name): _____

Direct Draft Authorization Completed and Signed OR Payroll Deduction Notice Completed-Group Membership Discount Entered



MEMBERSHIP DIRECT DRAFT AUTHORIZATION

1. Member Information:

Member Name (Please Print): _____
Parent or Guardian (if applicable): _____
Address/City/State/Zip: _____
Email: _____ Phone: _____

2. Payment Account Holder Information:

Name as it appears on card/account (please print): _____
Phone: _____ Billing Zip Code: _____

3. Payment Information:

I hereby authorize the Columbus Family YMCA to make the following pre-authorized debit transactions against my:

Credit/Debit Card (Drafts on the 10th of the month.) Visa Mastercard or Discover
Number _____ - _____ - _____ - _____ Expiration Date: ____ - ____

Financial Institution Name: _____

Checking Account (Processes on the 10th of each month)
Bank Routing # _____ Account # _____
Attach a voided check for verification.

Savings Account (Processes on the 10th of each month)
Bank Routing # _____ Account # _____
Attach a voided deposit slip for verification.

4. Draft Information:

Date drafts are to begin _____ Monthly Draft: \$ _____
Month Year

5. Do you want to donate to our Annual Strong Kids Campaign? YES NO

\$25.00 \$50.00 \$75.00 \$100.00
 One time donation paid today One time donation to be added to first month's draft
 Other-Please speak with a YMCA staff or volunteer for other donation opportunities.

6. By signing below, I acknowledge and agree to the following terms and conditions and authorize the monthly draft:

- I understand that it is my responsibility to notify the Columbus Family YMCA of my intent to cancel my membership in writing before the 8th of the month.
- No Membership Dues will be refunded when facilities are not used.
- The YMCA may cancel this authorization at any time by sending me a written notice of cancellation.
- If the payment date falls on a date the bank does not process payments, the payment will be deducted on the next day the bank processes payments.
- If the specified account does not have sufficient available funds on deposit on the day the YMCA attempts to deduct the payment, a \$20.00 service fee may be assessed against the account.

Payment Account Holder Signature: _____ Date: _____

Last Name, First Name (Print)
Parent or Guardian (if applicable)

Member Barcode
Date

FOR OFFICE USE ONLY:

Entered By (printed name) _____ Verified By (printed name) _____