



# YMCA of the Upper Pee Dee Membership Application

Date: \_\_\_/\_\_\_/\_\_\_ YMCA Branch: \_\_\_\_\_

Type of Membership: *Metro Family Adult Single Parent Married Couple Senior*  
(Please circle one) *Senior Couple College Teen Youth*

Member Name: \_\_\_\_\_  
First Name Middle Name Last Name

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: *M or F* Race: *Black White Hispanic Other*

Marital Status: *Single Married Separated Divorced Widowed*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Others included on this membership (List last name if different):

Name	Gender	Birth Date	Relationship	School

Please circle all the ways you heard about the Y:

*Newspaper TV Radio YMCA Brochure Member Other: \_\_\_\_\_*

Circle all areas of interest:

*Aerobics-Group Ex. Child Care Family Recreation Group Cycling*  
*Coaching Volunteerism Strength Training Parent-Child Programs*  
*Fundraising Sports Teen Activities Summer Camp*  
*Senior Programs Aquatics Resident Camp Social Activities*  
*Other \_\_\_\_\_*

We ask this of all YMCA membership applicants and their family members up to the age of 22. Have you or any member of your family ever been convicted, plead guilty or no contest to a crime where you or they **could** have received more than one year in prison? Check \_\_\_yes or \_\_\_no. Have you or any member of your family who will be a member of the YMCA ever been pardoned for a crime? Check \_\_\_yes or \_\_\_no. If the answer to the above is yes, there will be an extra \$25 criminal record check fee for YMC to obtain applicant's criminal record history and applicant acting under no duress, threat, or intimidation does hereby agree for the YMCA of the Upper Pee Dee to obtain the criminal record of the applicant or any of the applicant's family members, or any of the applicant's potential family members. If the answer to the above is yes as to a family member up to the age of 22, then that family member will have to co-sign this application to abide by these terms. If the answer is yes to the above as to a member of the applicant's family under the age of 18, then the parents' signature below signifies that the parent and/or legal guardian is giving and accepting the terms and conditions in this paragraph as relating to the minor family member. The applicant further agrees under no duress, threat, or intimidation to allow the YMCA of the Upper Pee Dee Board of Directors to discuss this record with the individual and agrees to hold harmless the Hartsville Family YMCA, its employees and board members, their heirs, successors, or assigns for any alleged damage the applicant may claim as a result of the above. The applicant further understands the YMCA of the Upper Pee Dee Board of Directors will discuss the criminal history of the applicant to determine if the applicant is suitable for membership under the Missions Statement and Purpose of the YMCA of the Upper Pee Dee as stated below. I/We certify that the answers to all the above questions are true and correct and if found not to be so I/We understand I/We will be automatically terminated from Y membership.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I agree that the YMCA is released from liability in connection with medical treatment and unavoidable incidents. I give the YMCA permission to use necessary measures in the event of an emergency. According to my doctor, those listed on my membership are of sound health and able to participate in physically active programs or are under a doctor's care and have been instructed as to their physical limitations in regard to physical activity at the YMCA. Furthermore, I (we) agree to adhere to all the rules and regulations set forth by the YMCA and will follow the Christian Principles by which it is governed. **I understand that this is an 'At Will Contract' and may be terminated by the member at any time or by the YMCA of the Upper Pee Dee for non-compliance of rules and regulations.**

**NO REFUNDS ON JOINING FEE.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial \_\_\_\_\_

**MUST BE 18 YEARS OR OLDER TO SIGN.**

**YMCA BANK DRAFT MEMBERSHIP AGREEMENT**

1. **Y Bank Draft is a continuous membership plan, which remains in force until the member initiates termination procedures. There is no automatic termination date.** \_\_\_\_\_ (Initial)
2. It is my complete understanding that if I wish to terminate my bank draft, I must do so by the 20th of the month. \_\_\_\_\_ (Initial)
3. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. Rate adjustments occur each year effective June 1. \_\_\_\_\_ (Initial)
4. Members whose drafts are returned will be charged a fee. \_\_\_\_\_ (Initial)
5. No refunds on joining fees. \_\_\_\_\_ (Initial)

**AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR MEMBERSHIP PAYMENTS**

Name of Bank Customer: \_\_\_\_\_

Bank Customer's Address: \_\_\_\_\_

I have given the authority to \_\_\_\_\_ at \_\_\_\_\_  
(Full Name of Bank)

\_\_\_\_\_ to honor preauthorized checks drawn by you on my \_\_\_\_\_  
(Bank Address, City, State, Zip Code)

account for membership payments on the 1st of each month. It is understood that your sending of preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check by charging my account, such check shall constitute my receipt for payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment. **I have read and agree to the above statements of this authorization.**

MEMBERSHIP	MO. PAYMENT
TOTAL	\$

**Signature of Bank Depositor (As Shown on Bank Records):** \_\_\_\_\_

**\*PLEASE ATTACH A VOIDED CHECK.**

**FOR OFFICE USE ONLY:** Supervisor's Initial \_\_\_\_\_ Scholarship \_\_\_\_\_ Volunteer \_\_\_\_\_ Employee \_\_\_\_\_