



Moultrie YMCA Application for Membership

First Name _____ MI. _____ Last _____ M F

IF YOUTH membership, list parent(s) name _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

E-mail Address _____ Birth Date ____ / ____ / ____ Cell Phone # _____

Emergency Contact Name _____ Phone Number _____

Spouse Work Phone _____ Spouse Cell Number _____

Ethnicity: African-American Hispanic Caucasian Other: _____

Family Membership Information (List Last Name if Different)

#	Spouse/Children's Names	M/F	Birth Date	Relationship	Ethnicity
01					
02					
03					
04					
05					
06					

The YMCA is a volunteer-driven organization. We utilize volunteers in our programs such as YMCA Youth Super Sports coaches, special events like YMCA Healthy Kids Day and Race of the South. We can certainly use your help.

Would you like a staff member to contact you regarding volunteer opportunities at this time? Yes No

If yes, what special skills do you have? _____ (e.g. referee, coach, clerical, hospitality)

In what area are you interested in volunteering? _____ (e.g. youth sports coach, facility, special events)

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I also grant the Moultrie YMCA the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings involving me for use in materials they may create or use them in publications such as but not limited to: The Moultrie Observer, Facebook, Newsletters and Flyers. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

Signature _____ Date _____

Join Date: _____ Annual BD Monthly /Scholarship MEMBER ID# _____ STAFF INITIALS: _____

Type of Membership: Family SP Family Adult Senior SR Family Student Teen Youth

**Moultrie YMCA
Continuous Membership Agreement**

I, the undersigned, understand that I have authorized a Monthly Draft of my checking account for the purpose of maintaining a membership at the Moultrie YMCA. I understand that this is NOT an annual membership; it is a continuous membership and will be drafted from my account until I cancel it in writing. I further understand that:

1. Any changes or cancellation must be done IN WRITING 10 DAYS PRIOR TO THE DRAFT DATE. This will be handled in person at the YMCA. NO CHANGES OR CANCELLATIONS CAN BE PROCESSED BY TELEPHONE.
2. The membership draft will be processed monthly.
3. I have paid for ONE MONTH in advance and each draft entitles me to YMCA membership for 30 days following the date of the draft.
4. I will be notified 30 days in advance of any changes in the monthly rate for the membership I currently hold.
5. IF, FOR ANY REASON, MY DRAFT IS RETURNED BY MY BANK, MY MEMBERSHIP WILL BE CANCELLED UNTIL I COME BY THE YMCA AND PAY IN CASH OR MONEY ORDER THE MONTHLY AMOUNT PLUS THE SERVICE CHARGE. AT THIS TIME MY MEMBERSHIP WILL BE REINSTATED. IF I HAVE 3 RETURNED ITEMS FROM MY ACCOUNT, I WILL NO LONGER BE ELIGIBLE TO CONTINUE MY MEMBERSHIP ON A BANK DRAFT.

Signature _____ **Date** _____

Last Name: _____

First Name: _____

Member Type	Day of Withdrawal	Payment
Full Name of Bank		
<p>I have given authority to the above stated bank to honor pre-authorized checks drawn by you on my account for membership payments as indicated above. It is understood that your sending of a pre-authorized 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 the payment. Should any pre-authorized 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.</p>		
Depositor's Account Number	<p>_____ Signature of Bank Depositor (as shown on Bank Record)</p> <p>Date Completed _____</p>	