



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

BRANCH #

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MEMBERSHIP #

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# YMCA OF GREATER GRAND RAPIDS MEMBERSHIP AGREEMENT

## PRIMARY MEMBER INFORMATION

TITLE <small>(MR,MRS,MS,DR)</small>	FIRST NAME	M.I.	LAST NAME
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## PHOTO/TALENT RELEASE

I give permission to the YMCA of Greater Grand Rapids & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include myself and my families image or voice for purposes of promoting or interpreting YMCA programs.

NAME (PLEASE PRINT)	SIGNATURE
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## LIABILITY - ALL ADULTS ON MEMBERSHIP MUST COMPLETE

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. ALL prospective and current Y members are screened against national, state and/or tribal sex offender registry or database.

NAME (PLEASE PRINT)	SIGNATURE (ALL ADULTS, PLEASE SIGN IF YOU AGREE)

## PAYMENT OPTIONS & TERMS

My YMCA membership will be regarded as continuous until the time that I decide to terminate. **This authority allows the YMCA to debit my account on a month-by-month basis. I agree that if for any reason I wish to change the status of my membership, I must give the YMCA written notice 14 days in advance of my EFT date.** I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 14 days advance written notice. I also understand that the YMCA will take necessary steps to collect my membership fees if necessary, including potentially sending my account to collection.

MEMBER INITIALS \_\_\_\_\_

CHOOSE ALL THAT APPLY

- Prepaid Membership EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
- Financial Assistance EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
- Monthly EFT (Bank changes may take up to 14 days)

I hereby authorize the YMCA of Greater Grand Rapids to debit my account and that the debit will be initiated on the begin date as detailed in the payment section. This authority allows the YMCA of Greater Grand Rapids to debit my account on a month-by-month basis. **If I wish to discontinue my membership, the YMCA of Greater Grand Rapids must receive 14 days written notification before my next draft date.** Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA. This is in addition to any fees or penalties I may incur by my bank or financial institution. I understand that this is my responsibility to notify the YMCA in writing should I change financial institutions, get a new credit card, and/or make changes to my account at any time.

- Corporate Membership  
I understand that as a part of the Corporate Membership program I receive a special membership rate that is contingent on my active status with my employer. I also understand that if I'm no longer employed with the company offering this plan, my rate will change to the current base.

## PAYMENT

STAFF USE ONLY	Begins on ____/____/____	INCOME \$ _____
	\$ _____ Membership Rate	MEMBER INITIALS _____
	\$ _____ Joining Fee	STAFF INITIALS _____
	\$ _____ Locker	<input type="checkbox"/> Credit/Debit
	\$ _____ Additional Adults	<input type="checkbox"/> ACH
	\$ _____ Y Corporate Membership	<input type="checkbox"/> Renewal _____
	\$ _____ TOTAL MONTHLY EFT	

MEMBER SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

STAFF \_\_\_\_\_