



Greenville – Hunt County YMCA Membership Application

Type of Membership: *Please choose one.*

- Youth (17 – 18 years)
 Adult(18-59)
 Single Parent Family (1 adult)
 Family (2 adults)
 Senior Adult
 Senior Family

PRIMARY MEMBER: *This person is responsible for payments and will receive correspondents from the YMCA.*

Last Name : _____ First Name : _____ Middle Initial: _____

Address: _____ City _____ State: _____ Zip code: _____

Home Telephone : _____ Cell/Work Telephone Number: _____

Email Address: _____ *(We do not distribute or sell email addresses)*

Age: _____ Date of Birth ____/____/____ Gender: Male Female Marital Status: Single Married

ADDITIONAL MEMBERS:

Last Name	First Name	Middle Initial	Date of Birth	Gender	Relationship to Primary Member

EMERGENCY CONTACT: Please list a family member or friend we may contact in case of an emergency.

Name _____ Phone _____ Relationship _____

PAYMENT METHOD: Please choose one.

- Payment in Advance of
 3 months
 6 months (*waive joining fee*)
 12 months (*waive joining fee*)
 Monthly EFT/ Bank Draft from a checking or savings account (*attach copy of voided check*)

Routing Number _____ Account Number _____

- Monthly Credit / Debit Card Payment

Type of card: _____ Acct. Number: _____ Expiration Date ____/____

PAYMENT AUTHORIZATION: Please read and *initial* each item and sign and date the bottom.

____ I authorize my financial institution to honor drafts drawn by the Greenville – Hunt County YMCA on my account. Drafts from my account will be deducted on the 1st of each month, unless otherwise specified. The amount drafted will be the current amount due on my account.

____ A \$25 service fee will be charged for all returned payments including declined credit cards.

____ I understand that I will be notified in writing of any monthly rate changes that are approved by the Greenville – Hunt County YMCA Board of Directors during the course of my membership. I understand that all down payments are non-refundable.

CHANGES / CANCELLATION OF MEMBERSHIP: *Please read and initial that you agree to the following statement.*

____ I understand that I must give the Greenville – Hut County YMCA written notice 7 days prior to the last day of the month to make changes to my account or to cancel my membership for the following month. I understand my dues are continuous and automatically renewed.

Printed Name: _____ Signature: _____ Date: ____/____



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