



**HEALTHY LIVING STARTS HERE**  
**Itasca County Family YMCA**  
 \*\*\*A photo ID is required to apply for membership\*\*\*

DATE: \_\_\_\_\_

**PRIMARY MEMBER**

**INFORMATION**

First Name		M.I.	Last Name	
Gender	Birthdate			
Mailing Address			City	State   Zip
Home Phone	Cell Phone	Email Address		

**RACE (Optional, but please consider answering as it assists the Y in grant resources. Individual data remains private.)**

- Caucasian    African American    Native American    Hispanic    Asian/Pacific Islander    \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name	Phone
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**2ND ADULT (if applicable)**

**INFORMATION**

First Name		M.I.	Last Name	
Gender	Birthdate			
Home Phone	Cell Phone	Email Address		

**RACE (Optional)**

- Caucasian    African American    Native American    Hispanic    Asian/Pacific Islander    Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name	Phone
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**DEPENDENTS**

Must live in household, ages 0-18 years, or age 23 if full-time student.  
 Must be 10 years of age to be unaccompanied by an adult.

First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender

**MEMBERSHIP TYPE: Choose one that applies**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Youth (10-18)         | <input type="checkbox"/> Young Adult (19-23)          | <input type="checkbox"/> Adult (24-64) | <input type="checkbox"/> 2 Adult Household        |
| <input type="checkbox"/> One Adult Family      | <input type="checkbox"/> Family (2 adults & children) | <input type="checkbox"/> Senior (65+)  | <input type="checkbox"/> Adult Locker Room 1 or 2 |
| <input type="checkbox"/> Renew Active/One Pass | # _____   | # _____                                |   |
| <input type="checkbox"/> Silver & Fit          | # _____   | # _____                                |   |
| <input type="checkbox"/> Silver Sneakers       | # _____   | # _____                                |   |



# PAYMENT AUTHORIZATION FORM

## PAYMENT AUTHORIZATION

### BANK DRAFT/ELECTRONIC FUNDS (EFT)

I authorize my bank to honor pre authorized Electronic Funds Transfers against my account for membership/program/contribution payments as indicated below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should a pre-authorized EFT not be honored by said bank when received by them, it is then understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank, then the YMCA, at its discretion may resubmit the amount due for payment on a future date.

### PAYMENT BY BANK DRAFT/EFT

I choose to utilize the EFT option for monthly payment (direct debit) from my checking account.

Checking Account  Savings Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**\*\*Attach Voided Check \*\***

Bank Draft Amount: \_\_\_\_\_

Beginning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AUTHORIZATION AGREEMENT

- The YMCA Draft Membership is a continuous plan which automatically renews monthly unless I notify the Itasca County Family YMCA via cancelation form, e-mail, or phone call by the end of the month in order to stop debit/electronic funds transfer payment for the next month. \_\_\_\_ **Initials**
- I understand I am responsible for reviewing my bank statement to ensure a draft has been stopped following my written notice. \_\_\_\_ **Initials**
- Membership fees are subject to change with 30 days written notice. Annual membership fees will be adjusted at time of renewal. \_\_\_\_ **Initials**
- Members who age into a different membership category, or choose to switch membership categories, will be automatically transferred to that category and drafted at the new rate. \_\_\_\_ **Initials**
- **I understand that the Itasca County Family YMCA does not issue refunds on YMCA memberships.** \_\_\_\_ **Initials**
- Should any payment not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$5 service fee applied by the YMCA. This is in addition to any service fee my bank or Credit Card Company may make. \_\_\_\_ **Initials**
- The Itasca County Family YMCA reserves the right to terminate membership upon non-payment of fees. \_\_\_\_ **Initials**
- I will notify the Itasca County Family YMCA of any change in status that will affect my membership (address, phone, bank account, etc.). \_\_\_\_ **Initials**
- I have read this agreement, I understand it, and I agree to it voluntarily.

Account Holder **Signature** \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I have read and agree to the Itasca County Family YMCA's Release, Indemnification and Hold Harmless Agreement & waiver.

\_\_\_\_ I have read and agree to abide by the Itasca County Family YMCA's Code of Conduct.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date