

MEMBERSHIP APPLICATION

PRIMARY MEMBER (SEE OTHER SIDE IF MEMBER IS A MINOR OR IF THIS IS A FAMILY MEMBERSHIP)

LAST NAME		FIRST NAME		M.I	DATE OF BIRTH		M/F
STREET ADDRESS		APT#	CITY		STATE		ZIP
HOME PHONE		WORK PHONE			MOBILE PHONE		
EMPLOYER/SCHOOL		OCCUPATION/MAJOR			DOES YOUR EMPLOYER REIMBURSE FOR FITNESS FACILITY MEMBERSHIP? Y / N		
EMAIL							
REFERRED BY:							

EMERGENCY CONTACTS (REQUIRED)

NAME	PHONE	RELATIONSHIP

TYPE OF MEMBERSHIP		HOUSEHOLD ANNUAL INCOME	ETHNICITY
<input type="checkbox"/> Teen	<input type="checkbox"/> Household I	<input type="checkbox"/> <\$13,000	<input type="checkbox"/> Native American
<input type="checkbox"/> College	<input type="checkbox"/> Household II	<input type="checkbox"/> 14,000 to \$24,000	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Adult	<input type="checkbox"/> Program Member	<input type="checkbox"/> \$25,000 to \$39,000	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Senior	Program of interest	<input type="checkbox"/> \$40,000 to \$54,999	<input type="checkbox"/> African American
<input type="checkbox"/> Silver Sneakers		<input type="checkbox"/> \$55,000 to \$74,999	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> \$75,000 & Over	<input type="checkbox"/> Other

CONDITIONS OF MEMBERSHIP

- I understand that all members are required to present a valid membership card when using the YMCA facilities and/or programs
- I understand that all members are required to abide by the Member' Code of Conduct
- Membership privileges ad cards are not transferrable and remain the property of the YMCA. Membership cards must be returned upon request.
- Membership fees are non-refundable.
- I give my permission to the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs.
- If I wish to terminate or change my membership in any way, I must give the White Plains YMCA a written notice 30 days before my monthly membership fees are due.

LIABILITY WAIVER

I do hereby assume full responsibility for any and all damages, inquiries or losses that I may sustain or incur, if any while attending or participating in any YMCA program or using any equipment. I hereby release and discharge the YMCA, its instructors or partners of said program, individually or otherwise, for any and all claims for injuries or damages that I might sustain. I understand that there is a risk of injury associated with participation in any YMCA program. I certify that I am in good physical condition and have no disabilities that might hamper my participation.

I certify that all of the information provided on this application is correct and true. I have read and understand the Liability Waiver and accept the Conditions of Membership and hereby apply for membership at the White Plains YMCA.

Signature of Primary Member (or parent/guardian if under 18)

Date

Signature of Secondary Member

Date

SECONDARY MEMBER (SPOUSE OR PARENT/GUARDIAN OF PRIMARY MEMBER)

LAST NAME		FIRST NAME		M.I	DATE OF BIRTH		M/F
STREET ADDRESS		APT#	CITY		STATE		ZIP
HOME PHONE		WORK PHONE			MOBILE PHONE		
EMPLOYER/SCHOOL			OCCUPATION/MAJOR		DOES YOUR EMPLOYER REIMBURSE FOR FITNESS FACILITY MEMBERSHIP? Y / N		
EMAIL							

DEPENDANTS

NAME	M/F	DATE OF BIRTH	NAME	M/F	DATE OF BIRTH
NAME	M/F	DATE OF BIRTH	NAME	M/F	DATE OF BIRTH
NAME	M/F	DATE OF BIRTH	NAME	M/F	DATE OF BIRTH

PAYMENT AUTHORIZATION AGREEMENT

NAME OF CARDHOLDER/ACCOUNT OWNER	DOWN PAYMENT AMOUNT	MONTHLY PAYMENT AMOUNT
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CREDIT CARD PAYMENTS

BILLING ADDRESS FOR CARD (MUST INCLUDE ZIP CODE)		MONTHLY DRAFT WILL START	
CARD NUMBER	MASTER CARD / VISA / AMEX	DATE	CSC CODE

BANK DRAFT PAYMENTS (PLEASE INCLUDE A VOIDED CHECK)

FULL NAME OF BANK	ACCOUNT NUMBER
BANK ADDRESS	BANK ROUTING NUMBER

- As a participant in the Credit Card Payment Plan or Bank Draft Payment Plan, I authorize the YMCA of Central and Northern Westchester to charge the agreed upon monthly amount against my account as fulfillment of my monthly membership payment obligation.
- I understand that these monthly payments are validated with this agreement and that my monthly statement shall be my only record of payment.
- If there is a membership rate change, the YMCA of Central and Northern Westchester agrees to notify me in writing at least 30 days before the new rate goes into effect.
- I understand that my membership with the YMCA of Central and Northern Westchester is continuous and my membership will renew automatically until I submit a written cancelation notice 30 days before my monthly dues are drafted.
- I have provided a voided check for my bank draft and will notify the YMCA of Central and Northern Westchester in writing immediately if there are any changes to my account information (ACH).
- I understand that there is a \$15 charge for non-sufficient fees (ACH).
- I understand that the YMCA of Central and Northern Westchester will only attempt to debit my account twice and then my privileges for said payment method will be revoked (ACH)
- I agree to the terms of the YMCA of Central and Northern Westchester's Payment Plan Authorization Agreement

Signature of Primary Member (or parent/guardian if under 18)

Date