

Y Membership Application

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Type of Membership: _	Single (26+)	Family 2	Family 3+ _	Young Adult (19-25) Youth (13-18)
Corporate:					
Primary Member					
First Name MI Last		II Last N	ame	DO)B
Gender Ethnic	ity:				
Additional Memb	ners				
Name		MI	Last		DOB
Gender					
					DOB
Gender					
					DOB
Name	_ ,	MI	Last		DOB
Gender					
cancel your membership effector for 6 or 12 months over the returned when the membership was a characteristic for the Version that the Version than the version to the vers	e counter. Your Y me ip ends. Membership	ember ID card cards are not	must be shown to g transferable.	ain entry and remains th	ne property of the Y, to be
Your membership in the Y supp Y is a volunteer-driven organi Firecracker 5K Run, & facility p	zation. We utilize v	olunteers for	programs such as yo	outh basketball, special	
Would you like a staff m Would you be interested		-			
Friend of the Y Means: T support a child participate in that no one is turned away of Help us make a difference in	n one of our Y prog	grams or help to pay.	another person o	r family become a part	t of this Y. It is our policy
neip us make a unierence i	ii our community		One Time Donation		_ \$0tilei
The YMCA conducts regular ser reserves the right to cancel me security purposes at the time of	mbership, end progra	am participatio	on, and remove visita	tion access. All members	must be photographed for
PHOTO RELEASE: Additionally,	in consideration for b	eing allowed t	o participate in YMCA	A membership and progra	ıms (Initials)
Signature				Date	

7/25/18 EP

ELECTRONIC FUNDS TRANSFER/CREDIT CARD CHARGE

from the bank account or credit card payments. I agree to notify the Y o	listed below. I understand that the fany changes to the EFT accour	ge my credit card for the deduction(s) noted are is a 2% service fee for credit/debit card number listed below. If account will be assessed a \$5.00 fee
AND		
dues. I understand membership dues	are charged every month to my sele ter receiving my written notice. I ur	nth to stop the transfer of the next month's cted billing method. The Y stops withdrawanderstand that if I do NOT notify the Yesed.
Name of Account Holder (please	print)	
Please specify bank/credit union		
Routing #	Account #	
This account is:checking	savings	
<u>OR</u>		
Name of Card Holder (please prir	nt)	
VISA MasterCard Di		
Type of deductions Membershi	p Donations Lock	er Rental
Signature		Date
	ny of our programs in the last 6 mo	onths?
How Did You Hear Abou	t Us?	
Friend/Word of Mouth	Walk In	Chamber of Commerce
Banner	YMCA Website	School
E-Mail	YMCA Brochure/Referral	Radio
Flyer/Handout	LADailyPost.com	Theater Ad
Social Media	LA Monitor.com	Other 7/25/18 EP