



STANLY COUNTY FAMILY YMCA
 427 North First Street
 Albemarle, NC 28001
 Phone: (704) 982-1916

MEMBERSHIP APPLICATION

Date: _____
 Receipt #: _____
 Joining Fee: \$ _____ + Month: \$ _____
 Total Amount Paid: \$ _____
 Membership #: _____
 MEMBER CODE: _____ FIRST BD _____

- Annual PD College
 Bankdraft CC Draft Semi Annual

*
 Last Name (PLEASE PRINT) First PIN # EMAIL ADDRESS
 Mailing Address HOME # WORK #
 City State Zip Code Birth Date Sex (M or F)
 Emergency Contact (Name) (Phone #) Employer or School

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 Last Name (PLEASE PRINT) First PIN # EMAIL ADDRESS
 Mailing Address HOME # WORK #
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 Emergency Contact (Name) (Phone #) Employer or School

LIST OTHER FAMILY MEMBERS ONLY IF JOINING UNDER THE FAMILY PLAN

LAST NAME	FIRST NAME	SEX	BIRTHDATE	EMPLOYER or SCHOOL	PIN#
_____	_____	M/F	___/___/___	_____	_____
_____	_____	M/F	___/___/___	_____	_____
_____	_____	M/F	___/___/___	_____	_____

MEMBERSHIP AGREEMENT

The Stanly County Family YMCA is a charitable not-for-profit membership organization. Dues are paid by the monthly bank draft plan, semi-annual, or in full for a year. Joining fees are a non-refundable processing fee. I understand the YMCA will have no liability or responsibility for any personal injuries, or loss or damage to personal property, sustained by the member while using the YMCA facilities. I also agree to abide by the rules, regulations and member code of conduct of the Stanly County Family YMCA. Hand-key entry is required to enter the facility.

FULL PAYMENT: Memberships paid in full are invoiced for annual renewal approximately 30 days prior to and are payable on YMCA renewal date. If I allow my membership to lapse for more than 30 days beyond my renewal date and I decide to rejoin later, I will be considered a new member and I will be subject to paying the first year joining fee in addition to my annual dues. Dues and joining fees are non-refundable. Is any individual listed on this application currently listed on the N.C. Sex Offenders Registry? Yes _____ No _____

MONTHLY DRAFT: Terms and Conditions

- I understand that this is a continuous membership plan and that this membership will remain in effect for as long as I retain the membership hand-key code given to me until I come in and sign a termination card.
- I understand that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice.**
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership once per year. I understand that I will receive notice prior to any such change via *The Y Knot*.
- Should my bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, plus a service charge applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA with 30 day written notice should I change my financial institution or my mailing address at any time.

AUTHORIZATION: I hereby authorize the YMCA of Stanly County, hereinafter called the YMCA to initiate electronic entries to my (Circle one) **CHECKING ACCOUNT** **SAVINGS ACCOUNT** or **CREDIT CARD ACCOUNT** indicated on my voided check and the Financial Institution named therein to debit my account. This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership.

I/WE AGREE TO THE TERMS and CONDITIONS OF THIS AUTHORIZATION AGREEMENT and ALSO HAVE READ AND UNDERSTAND THE YMCA CODE OF CONDUCT PRESENTED TO ME.

X _____
 MEMBER/ACCT. HOLDER'S SIGNATURE (Parent or Guardian if Minor) DATE MEMBERSHIP REPRESENTATIVE

