



GRAND TRAVERSE BAY YMCA MEMBERSHIP APPLICATION

MEMBERSHIP TYPE *(Select one)*

LOCATION



Youth
Ages <18



Young Adult
Ages 18-25



Adult
Ages 26-59



Adult Couple
Ages 18+, married
or living in same
household



Family
Adult(s) + kids
living in same
household



Senior
Age 60+



Senior Couple
Both members age
60+

- West (all access)
 South
 Central

MEMBER INFORMATION

ADULT

Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname	Emergency Contact
Street Address		City	State	Zip	Primary Phone #	Emergency Phone #
Email <i>(we need this to let you know about all the great things going on!)</i>			Employer		Relation	

ADULT

Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname	Emergency Contact
Street Address		City	State	Zip	Primary Phone #	Emergency Phone #
Email <i>(we need this to let you know about all the great things going on!)</i>			Employer		Relation	

DEPENDENTS

Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname
Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname
Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname
Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname
Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname
Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname

WHAT ARE YOU INTERESTED IN? *(Select all that apply)*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Tennis | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Spinning | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Swim Team |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Triathlon Training |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Basketball | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Becoming a board member | <input type="checkbox"/> Adult Programs | |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Master Swimming | |
| <input type="checkbox"/> Parent-Child Programs | <input type="checkbox"/> Other | <input type="checkbox"/> Pickleball | |

HOW DID YOU HEAR ABOUT US? *(Select all that apply)*

- | | | | | | |
|--|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> From a member | <input type="checkbox"/> Facebook | <input type="checkbox"/> Billboard | <input type="checkbox"/> Post card | <input type="checkbox"/> TV | <input type="checkbox"/> Medical referral |
| <input type="checkbox"/> From my company | <input type="checkbox"/> Radio | <input type="checkbox"/> Drove by | <input type="checkbox"/> Email | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Family/Friend |



CONT'D...MEMBERSHIP APPLICATION

HELP US PREVENT DROWNING

The YMCA runs a 5-week drowning prevention program for local third graders at no cost to the students. This \$75,000 program trains about 1,600 students each year and is paid for by the YMCA and community donors. Help us prevent drowning with a monthly contribution added to your membership draft.



\$2/month
\$25/year
 Sponsor 1 third grader in Safety Around Water.

Yes! Add \$2/month to my membership to be a sponsor



\$4/month
\$50/year
 Sponsors 2 third grade kids in Safety Around Water.

Yes! Add \$4/month to my membership to be a sponsor



\$10/month
\$120/year
 Sponsors 5 third grade kids in Safety Around Water.

Yes! Add \$10/month to my membership to be a sponsor

SEX OFFENDER NOTICE *(Please read)*

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS *(Please read)*

Company Name: Grand Traverse Bay YMCA Bank
ID No.: 38-1709640

Draft Start Date: 1st or 15th

I (we) hereby authorize the Grand Traverse Bay YMCA to initiate debit entries to my (our) checking account or savings account. The amount drafted will be the amount applicable to my membership category.

Please attach copy of cancelled check or savings account deposit slip to this form.

This authorization is to remain in full force and effect until the Grand Traverse Bay YMCA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Grand Traverse Bay YMCA and Depository a reasonable opportunity to act on it. It is also understood by me (both of us) that the Joiner Fee and first-month down payment are non-refundable.

I (we) understand that the Bank Draft Membership is a perpetual (continuous) contract and is automatically renewed on an ongoing basis. I (we) understand that to cancel my (our) Bank Draft Membership, written notice (no less than 30 days and no more than 90 days prior to cancellation) and return of my membership card(s) is required. I (we) understand the Grand Traverse Bay YMCA reserves the right to adjust the monthly rate applicable to my membership category and that they will give at least 30 days notice of any rate changes. I (we) understand with the monthly automatic draft membership, if a draft does not go through, a third party collection service may seek this payment and charge an additional fee. I (we) understand the Grand Traverse Bay YMCA reserves the right to cancel my (our) membership due to insufficient funds, and that I (we) are responsible for payment of these funds, plus any applicable NSF charge. If this occurs, the bank draft payment option will no longer be available to me (us). The Grand Traverse Bay YMCA is not responsible for any NSF charges from your provider.

Print Name: _____

Date: _____

Signature: _____