



YMCA of Greene County

404 Y Street
Greeneville, TN 37745
423-639-6107
www.greenecounty-ymca.org

MEMBERSHIP APPLICATION

Date
Receipt #
Total Amount Paid \$

MEMBERSHIP TYPE

- Annual, Upgrade, Other, Bank Draft, Downgrade

Last Name (Please Print), First, M.I., (Area Code) Home Phone or Cell Phone, Street Address, Birth Date, Sex, City, State, Zip, Email Address, Employer or School, Area Code (Office Phone), Emergency Contact (Name, Phone)

LIST OTHER FAMILY MEMBERS ONLY IF JOINING UNDER THE FAMILY PLAN

Table with columns: LAST NAME, FIRST NAME, MI, SEX, BIRTH DATE, EMPLOYER OR SCHOOL

MEMBERSHIP AGREEMENT

The YMCA of Greene County, hereinafter called the YMCA, is a charitable not-for-profit membership organization. Dues are paid by the monthly bank draft plan or in full for a year. Joining fees are a nonrefundable processing fee. I understand the YMCA will have no liability or responsibility for any personal injuries, or loss / damage to personal property, sustained by the member while using the YMCA facilities. Membership card must be presented to enter facility. Any member who loans their membership card to another individual will be subject to loss of membership privileges. I give my permission to the YMCA to use all photos which the YMCA may deem appropriate.

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 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 nonrefundable.

MONTHLY DRAFT: Terms and Conditions

- 1. I understand that this is a continuous membership plan, and that if I wish to terminate or change my membership in any way, I must notify the YMCA in writing by the 12th of each month.
2. 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 at least four weeks notice prior to any such change.
3. 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 make. I understand that it is my responsibility to notify the YMCA in writing by the 12th of each month should I change my financial institution at any time.

AUTHORIZATION: I hereby authorize the YMCA to initiate electronic entries in my: (CIRCLE ONE)

CHECKING ACCOUNT SAVINGS ACCOUNT This authorization remains in effect until the YMCA has received written notification from me indicating my desire to discontinue my membership.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION AGREEMENT.

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