



YMCA of Greene County

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

MEMBERSHIP APPLICATION

Date _____
Receipt # _____
Amount Paid _____
Membership Type _____

- Annual Upgrade Other
- Bank Draft Downgrade

PRIMARY MEMBER

Last Name	First Name	Birthdate	Gender
Home Address	City	State	Zip Code
Primary Phone	Email	Employer	
Emergency Contact – Name, Phone # and Relationship			

SPOUSE

Last Name	First Name	Birthdate	Gender
Primary Phone	Email	Employer	
Emergency Contact (other than spouse) - Name, Phone # and Relationship			

DEPENDENTS

Last Name	First Name	Birthdate	Gender
Last Name	First Name	Birthdate	Gender
Last Name	First Name	Birthdate	Gender
Last Name	First Name	Birthdate	Gender
Last Name	First Name	Birthdate	Gender

Membership, Waiver of Liability and Indemnity Agreement

The YMCA of Greene County, hereinafter called the Y, is a charitable not-for-profit membership organization. Dues are paid by monthly bank draft or in full for one year. Joining fees are a nonrefundable processing fee. I understand the Y will have no liability or responsibility for any personal injuries, or loss/damage to personal property, sustained by the member while using the Y facilities and equipment. Membership card must be presented to enter the 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 Y to use all photos the Y may deem appropriate.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Sex Offender Screenings and Policy

The Y conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation and remove facility access. For the protection of Y members, program participants and guests, I swear/affirm that I am not a registered sex offender in ANY jurisdiction. Any falsification of this registration form or of the signatures will result in immediate termination of membership.

Signature _____

Date _____

Annual Giving

The Greene County YMCA offers financial assistance for membership and programs to community members with a financial need. Through our Annual Giving Campaign, your gift helps support many youth, adults and families, so they too, may benefit from our many programs and services.

Please add \$ _____ to my monthly draft in support of our Annual Giving Campaign.

Signature _____

Full Payment

Memberships paid in full are invoiced for renewal approximately 30 days prior to and are payable by 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 joining and pro-rate fees in addition to my annual dues. **Dues and joining fees are nonrefundable.**

Draft Agreement

Initial _____ I understand that the bank draft is a continuous plan, and if I wish to terminate or change my membership in any way, I must notify the Y in writing by the last day of the previous month.

Initial _____ The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive four weeks notice prior to any such change.

Initial _____ 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 Y. This is in addition to any service fee that my bank may charge. I understand that it is my responsibility to notify the Y in writing by the last day of the month, prior to the next draft, should I change my financial institution or my account information at any time.

Authorization: I hereby authorize the Y to initiate electronic entries in my: (CIRCLE ONE)

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

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

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