



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE SANDHILLS MEMBERSHIP CHANGE FORM

PRIMARY ADULT INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: NO CHANGE

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: NO CHANGE _____

EMAIL: NO CHANGE _____

ADD OR REMOVE ADDITIONAL MEMBERS

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F ADD REMOVE

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F ADD REMOVE

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F ADD REMOVE

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F ADD REMOVE

FOR STAFF USE ONLY: NEW MEMBERSHIP TYPE: _____ NEW MONTHLY DRAFT AMOUNT: _____

MEMBER INITIALS

CHANGE OF BILLING INFORMATION

MONTHLY DRAFT: CREDIT/DEBIT CARD EFT

ADDITIONAL PAYMENT OPTIONS*: SEMI-ANNUAL ANNUAL

FOR STAFF USE ONLY LAST 4 DIGITS: _____

*SEMI-ANNUAL AND ANNUAL BILLING MUST BE PAID IN FULL AT TIME OF UPDATE

MEMBERSHIP BILLING AGREEMENT: I understand that I am authorizing the YMCA of the Sandhills to automatically draft my membership and annual dues using the credit card or bank account provided on the 1st of the month until a 30 day written notice is received from the financially responsible party. Automatic billing will not be pro-rated and I am responsible for any charge incurred within the 30-day notice. I understand I may place my membership on hold for up to 90 days annually by providing written notice to the YMCA. I understand that no refunds will be given for paid in full annual, semi-annual or quarterly membership. I understand that it is my responsibility to monitor my payments and that I cannot hold the YMCA responsible for any payment mistakes 90 days after the error took place.

I understand if I fail to notify the YMCA of any changes to my payment information or if there are insufficient funds available at the time of the draft a \$25 fee will be assessed in addition to the monthly payment. Non-payment for any reason will result in suspension of my membership privileges. Failure to pay past due amounts may result in the YMCA pursuing legal action by utilizing a collections agency or reporting to credit bureaus. I understand the YMCA may increase my membership cost and adjust the amount of my automatic payment after I have been mailed a written notice 30 days prior to the changes.

INITIAL:

MEMBERSHIP HOLD REQUEST: Memberships can be placed on hold for up to 3 months within a 12 month period. Hold requests must be submitted within 5 days of the next membership draft date.

REASON FOR REQUEST: FINANCIAL WORK VACATION MEDICAL SCHOOL

FOR STAFF USE ONLY: HOLD START DATE: _____ HOLD END DATE: _____ NEXT PROCESS DATE: _____

MEMBER INITIALS

FOR STAFF USE ONLY: HOLD PLACED IN DAXKO: YES NO

NEXT PROCESS DATE CHANGED IN DAXKO: YES NO

MEMBERSHIP AND FACILITY USAGE POLICIES:

The applicant(s) understand that the YMCA has a member code of conduct and agrees to treat YMCA staff, members, guests, facilities and equipment with respect at all times. Applicants will follow all staff instructions and YMCA of the Sandhills policies and procedures. Failure to do so may result in the loss of membership.

Children under the age of 12 must be supervised by an adult at all times. Youth ages 12 and up may utilize the YMCA for up to two hours unaccompanied. The YMCA will not provide supervision unless children are enrolled in a YMCA program.

The Y promotes the safety of all who engage in exercise programs. The applicant(s) affirm that he/she is in physically sound condition and understands that participation in exercise, weight training, recreational sports, including the use of pools, saunas and fitness equipment carry potential risk of injuries or illness. Applicant(s) agrees that the YMCA is not responsible for any such injury or illness. If the applicant(s) decline a YMCA led wellness orientation and are over the age of 18, they indicate that they are familiar with the use of cardio, circuit training and free weight equipment. If under 18, guardians understand all youth must receive an orientation prior to using the wellness areas.

MARKETING: The applicant(s) understand the YMCA will contact members using the information provided at sign up with member updates, account information and program registration and information. Applicant(s) understand the YMCA and/or other media representing the YMCA may use images and audio of members for promotional purposes. It is the member's responsibility to remove themselves from filming, photographs or digital recordings should they not want their image included in marketing promotions.

RELEASE AND WAIVER OF LIABILITY:

In favor of the YMCA of the Sandhills, a non-profit corporation, its directors, officers, employees and agents, participants and their dependents do hereby release and forever discharge and hold harmless the YMCA and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from this participant's involvement in the YMCA's programs services and events. Participant understands that this release discharges the YMCA from any liability or claim that the participant may have against the YMCA with respect to any bodily injury, personal injury, death or property damage that may result from participants involvement in YMCA programs services and events. Participant also understands that the YMCA does not assume responsibility for or obligation to provide financial or other assistance.

I have read and accept all provisions of membership set forth above. SIGNATURE REQUIRED FOR ALL MEMBERS 18 OR OLDER OR PARENT/GUARDIAN SIGNATURE FOR APPLICANTS UNDER 18.

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____

ADDITIONAL ADULT PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____

FOR STAFF USE ONLY

MEMBER HOME BRANCH: _____

BRANCH PROCESSED AT: _____ **COPY SENT TO HOME BRANCH** **YES** **NO**

DATE PROCESSED: _____

FILE PULLED: **YES** **NO**

STAFF NAME: _____ **INITIALS**