



GRAND TRAVERSE BAY YMCA MEMBERSHIP APPLICATION

MEMBERSHIP TYPE *(Select one)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth 18 and under	Young Adult Ages 19-25	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+

LOCATION

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 #
	<input checked="" type="checkbox"/> Email <i>(we need this to let you know about all the great things going on!)</i>			🏢 Employer			👤 Relation	Veteran? <input type="radio"/> Active Military? <input type="radio"/>
								🚨 Emergency Contact
ADULT	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	🚨 Emergency Contact	
	🏠 Street Address			City	State	Zip	☎ Primary Phone #	🚨📞 Emergency Phone #
	<input checked="" type="checkbox"/> Email <i>(we need this to let you know about all the great things going on!)</i>			🏢 Employer			👤 Relation	Veteran? <input type="radio"/> Active Military? <input type="radio"/>
								🚨 Emergency Contact
D E P E N D E N T S	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary	
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary	

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

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.

STAFF USE ONLY

Adult First Name: _____ **Adult First Name:** _____ **Adult First Name:** _____ **Adult First Name:** _____
Staff Initials: _____ **Staff Initials:** _____ **Staff Initials:** _____ **Staff Initials:** _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS *(Please read)*

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

Draft Start Date: 1st or 15th
***Monthly drafts choose 1**

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.

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: _____