

Membership Information

1st Adult Name (Please Print)

Mr. Mrs. Ms.

First _____ M.I. _____ Last _____ Jr. Sr. 3RD 4TH

Nickname _____ Date of Birth _____ Male Female

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____ E-Mail _____

Emergency Contact _____ Phone _____
(Other than your household)

Employer _____ Employer Phone _____

Employer Address _____ (City/State/Zip)

2nd Adult Name (Please Print)

Mr. Mrs. Ms.

First _____ M.I. _____ Last _____ Jr. Sr. 3RD 4TH

Nickname _____ Date of Birth _____ Male Female

Emergency Contact _____ Phone _____
(Other than your household)

Employer _____ Employer Phone _____

Employer Address _____ (City/State/Zip)

Dependent(s)/Additional Adult(s) Name (Please Print)

First _____ M.I. _____ Last _____ Date of Birth _____ Male Female

First _____ M.I. _____ Last _____ Date of Birth _____ Male Female

First _____ M.I. _____ Last _____ Date of Birth _____ Male Female

First _____ M.I. _____ Last _____ Date of Birth _____ Male Female

MEMBERSHIP TYPE

Adult _____ Family _____ Youth (8-14) _____ Young Adult (15-21) _____

Family Plus _____ Silver Sneakers _____ Seasonal _____ Program _____

PAYMENT OPTIONS & TERMS

I authorize the below named financial institution to honor drafts by the YMCA of Southern Arizona on the account indicated below for membership, program or annual support campaign payments. It is understood that my monthly withdrawal **will continue until written notice of cancellation is given**. Should any draft not be honored by my financial institution, I understand that cash payment and a \$25 service charge are due immediately and/or may be drafted on the next available draft date. Any change, deletion or **cancellation must be submitted in writing**. If changing, deleting or canceling a membership, I must include my membership card(s) along with my written notice. Failure to give a 30 day written notice will make the subsequent draft(s) non-refundable. **Changes or cancellations cannot be made by telephone**. A deposit slip or voided check is required if using a savings or checking account. I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay, upon at least 30 days advance written notice.

Monthly EFT Bank Draft – Full Name of Bank _____ City _____

OR Checking Savings Account # _____ Routing # _____

Monthly EFT Credit Card Draft – Visa MasterCard American Express

Card # _____ Expiration Date _____

OR Name of Issuing Bank _____

Prepaid (Annual) Membership Term _____ **Renewal Date** _____

EFT PAYMENT SUMMARY

Begins on ____/____/____

\$ _____ Per Month

\$ _____ Parking

\$ _____ (Other) _____

\$ _____ **Total EFT**

AUTHORIZATION SIGNATURE

Signature _____

Date _____ Staff Initials _____