

YMCA CAPE COD MEMBERSHIP APPLICATION

www.ymccapecod.org

CONTACT INFORMATION

First Name _____ Last Name _____ M.I. _____

Street Address _____ PO Box (if any) _____ City _____ State _____ Zip _____

Sex (circle): M F Date of Birth ____/____/____ Home Phone _____ Work Phone _____

Employer _____ Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relationship _____ Phone _____

Child/Spouse First Name	Last Name	Date of Birth	Sex	School/Employer
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

EMAIL

I authorize the YMCA Cape Cod to send me updates via email regarding YMCA classes, events and programs.
YMCA Cape Cod does not share its email lists with other businesses or individuals.

Email Address _____

MEDIA RELEASE FORM

I authorize do not authorize the YMCA Cape Cod to use photographs, video footage, or any other likeness of myself and family for promotional purposes only.

Signature _____ Date _____

RELEASE FORM

I knowingly release and hold YMCA Cape Cod, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to me and/or my children resulting from our participation in all and any YMCA Cape Cod programs and activities. I will indemnify YMCA Cape Cod, and its employees, agents, volunteers, officers and directors for all costs which it or they may incur due to claims and demands alleging such loss or injury, including settlement payments, court judgments, and legal defense fees. I agree that YMCA Cape Cod shall have final authority regarding the defense and settlement of claims or suits brought against it or its employees, agents, volunteers, officers or directors, claiming any such loss or injury.

Signature _____ Date _____

ELECTRONIC FUNDS TRANSFER

I authorize my bank to make payment by a preauthorized check and post it to my account. Please check one: Checking (voided check must be provided) Savings

Account # _____ Bank Transit Routing Number _____

Full Name of Bank _____ First Payment Date: ____/____/____ Monthly Amount _____

- By signing this agreement, I authorize the YMCA Cape Cod to deduct from my bank account my monthly membership dues. Any changes (membership category, bank account information, membership freezes, etc.) must be in writing.
- I understand that monthly membership dues will continue being deducted from my account until I submit a termination notice in writing. Termination notices received by the 25th of the month will stop monthly membership dues for the following month.
- When there are rate changes, the YMCA Cape Cod will provide a 30-day written notification to all EFT (Electronic Funds Transfer) members.
- If my EFT payment is not honored by my bank, I understand I am responsible to pay the monthly membership dues plus a \$20 service charge upon notification from the YMCA Cape Cod.
- I acknowledge that the authorization of ACH (Automated Clearing House) transactions to an account must comply with the provisions of the U.S. Law.
- If auto dues payments are returned for non-payment more than two times in a 12 month period, I understand that this auto dues payment option will be terminated and I will be required to pay in full for any membership obligations by cash, money order or credit card.

Signature _____ Date _____

FOR OFFICE USE ONLY

Membership Type: _____ Short Term Joiner Fee \$ _____

Code: _____ Annual Membership Fee \$ _____

Monthly Auto-Dues Total Amount Collected \$ _____

Join Date: ____/____/____ Renewal Date or Perpetual: ____/____/____ Staff Initials: _____ Member ID: _____