



For Youth Development
For Healthy Living
For Social Responsibility

MEMBERSHIP APPLICATION:

Family YMCA of Fayette County
710 Rock Island
Vandalia IL 62471

Clearly print all Information, NO Cursive Writing.

Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ E-Mail: _____

Please check if you or your spouse/ partner is employed by one of the following:			
Vandalia Asphalt Service	First National Bank	Fayette County Real Estate	
Laack Flooring Innovations	Fayette County Hospital	National Bank	
VanSeal	Midland States Bank	LCBB	
Denny's	-----	-----	

(If applying for other than single membership, please list family members and birthdates)

Name: _____ **Relationship:** _____ **DOB:** _____

Emergency Contact: _____ Phone: _____

Do you want the YMCA to send out our quarterly newsletter through your email? YES:___ NO:___

How did you hear about the YMCA: _____

Waiver: I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims for injury, illnesses, death, loss or damage which I or any member of my family may suffer as a result of my participation in these activities.

I understand the YMCA is not responsible for personal property lost or stolen while members and/or guest members are using YMCA facilities or on YMCA premises. All new and inactive memberships are required to pay a \$20.00 processing fee before membership can be processed.

Member Signature: _____ Staff Member Signature: _____
(If not at least 18, parent or guardian must sign)

Family YMCA of Fayette County
Bank Draft Authorization

Financial Institution Name: _____

Bank Routing Number: _____ Account Number: _____

Type of Account: (Check one) Checking: _____ Savings: _____

In the Amount of: \$ _____ Date to Begin: _____

REQUIRED:

ATTACH: A VOIDED CHECK OR PROOF OF BANKING

INSTITUTION ACCOUNT NUMBERS

(We cannot use deposit slips)

- Drafts will occur on/or about the 5th of each month. A voided check or savings account information is required with all bank draft applications. (Check attached to back of form.)
- The YMCA cannot accept a Monthly Draft Payment with a Prepaid Debit or Credit Card.
- It is understood that my bank draft membership will be continuous until written notification has been received and acknowledged by the Family YMCA. If at any time I need to cancel my membership, it is required that I submit to the YMCA a written notice by the first of the month prior to the monthly bank draft. *Initial* _____
- Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made in the amount of the said payment plus a service charge of **\$15.00**. *Initial* _____
- If my draft is rejected by my bank twice in a 12 month period, I understand the YMCA will cancel my membership and I will be responsible for paying my past due balance and a **\$20.00** reinstatement fee to renew my YMCA membership. *Initial* _____
- Any changes in my bank information are also required to be submitted to the YMCA in writing prior to the monthly bank draft date.
- I agree to abide by the rules and policies of the YMCA, including changes approved by its governing bodies in accordance with its Charters and By-Laws.
- The YMCA reviews rates annually & in the event of a rate change the YMCA will notify you of your rate change by mail using the address on this form.

Membership Signature: _____

Date: _____

Staff Member Signature: _____

Date: _____