



# Central CT Coast YMCA

## Membership Application



*Serving 25 towns in Fairfield and New Haven Counties*

**Financial Assistance is available to those who qualify.**

**Primary Member must be an adult.**

**Today's Date**

<b>H o m e</b>	First Name		MI	Last Name		<b>Ethnic Origin</b>  <i>(Optional)</i>  <b>Please Circle</b>  African American  Asian  Caucasian  Hispanic  Native American	
	Mailing Address						
	City	State	Zip	Phone			
	Birth Date	Gender	M	F	Email		
	Emergency Contact Name & Phone (outside of household)						
<b>E m p l o y e r</b>	Company Name						
	Street Address						
	City	State	Zip				
	Phone	Job Title	Email				

**How did you hear about the YMCA?**

Radio Magazine    Television Work Place    Billboard Member    Live in area Former Member    Internet Former Member    YMCA Friend/Family    Email    Yellow Pages Newspaper

<b>H o u s e h o l d e r s</b>	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child
	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child
	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child
	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child
	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child
	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child
	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child
	Last Name	First Name	MI	Birthdate	Gender M F	Adult/ Child

**Would you like to learn more about income based membership rates? If so, please indicate your annual household income. Income must be verified to receive income based membership rate.**

\_\_\_ \$0 - \$14,999    \_\_\_ \$15 - \$19,999    \_\_\_ \$20 - \$24,999    \_\_\_ \$25 - \$29,999    \_\_\_ \$30 - \$34,999    \_\_\_ \$35 - \$39,999  
 \_\_\_ \$40 - \$44,999    \_\_\_ \$45 - \$49,999    \_\_\_ \$50 - \$54,999    \_\_\_ \$55 - \$59,999    \_\_\_ \$60,000 +

**Office Use Only**

Membership Type	Unit #
Branch	YMCA Staff Member

**Attach voided check here.**

## Membership Agreement

If my membership dues are paid through Credit Card or EFT, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon termination.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee as long as you remain an active member of the Central Connecticut Coast YMCA. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

I understand that I must notify the YMCA in writing to terminate my membership and the termination will be processed and my YMCA membership cancelled within 48 business hours of receipt.

I acknowledge the membership agreement, and being in sympathy with the Mission Statement of the Central Connecticut Coast YMCA, hereby apply for membership. I have signed a waiver of liability.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION**

I authorize my bank to honor preauthorized Electronic Funds Transfer (or credit card institution) drawn by the Central Connecticut Coast YMCA on my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank or credit card institution, the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

**I choose to utilize the EFT option for monthly payment directly from my: \_\_\_\_\_ checking \_\_\_\_\_ statement savings account**

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_  
Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

**I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)**

Credit Card Type \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Card holder Name \_\_\_\_\_  
Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Billing Address of Credit Card \_\_\_\_\_ Zip Code \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*I understand that when drafting my membership by checking, savings, Visa, or MasterCard there will be a fee charged by the YMCA if the institution rejects the payment\***