



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKEWOOD-TRUMBULL YMCA FAMILY OUTDOOR CENTER 2017 PARTICIPANT REGISTRATION

Primary Member Name: _____ MST#: _____

Address: _____ Email: _____

Participant Type: (circle one) Family Adult Senior

FAMILY		TOTAL	FEB 20	MARCH 20	APRIL 20	MAY 20	JUNE 20	JULY 20	AUGUST 20
	MEMBER	\$490	\$70	\$70	\$70	\$70	\$70	\$70	\$70
	COMMUNITY	\$980	\$140	\$140	\$140	\$140	\$140	\$140	\$140

ADULT		TOTAL	FEB 20	MARCH 20	APRIL 20	MAY 20	JUNE 20	JULY 20	AUGUST 20
	MEMBER	\$301	\$43	\$43	\$43	\$43	\$43	\$43	\$43
	COMMUNITY	\$602	\$86	\$86	\$86	\$86	\$86	\$86	\$86

SENIOR (65+)		TOTAL	FEB 20	MARCH 20	APRIL 20	MAY 20	JUNE 20	JULY 20	AUGUST 20
	MEMBER	\$287	\$41	\$41	\$41	\$41	\$41	\$41	\$41
	COMMUNITY	\$574	\$82	\$82	\$82	\$82	\$82	\$82	\$82

Payment Options & Authorizations

- I understand that I am authorizing the Central Connecticut Coast YMCA to contact my bank or credit card company on my behalf to implement a monthly automatic debit/withdrawal (from checking or savings account) or charge (credit or debit card) for my YMCA account.
- I authorize the YMCA to debit/charge the account/card identified below. I certify that such account/card exists and I agree to maintain said account/card with sufficient funds to permit said debit/charge. I understand that this (bank/credit card company) account/card will be kept on file to use for charges to my YMCA account.
- Upon receipt of written notice of cancellation, the YMCA agrees to end any pre-authorized debit/charge from/to my account within 48 hours.
- I have provided the YMCA with a copy of a voided check (in the event I elect to have my checking account debited for my YMCA account) for the sole purpose of verifying my account number and the financial institution's routing number. I understand that the YMCA processes checks as electronic funds transfers, which means a debit to my account as soon as today.
- I agree to notify the Central Connecticut Coast YMCA of any account changes. I understand account changes must be completed 14 days prior to my next debit/withdrawal or charge.
- I agree to notify the Central Connecticut Coast YMCA immediately in the event my credit/debit card is lost or stolen.

I chose to pay in full at time of registration.

I chose to have my fees automatically deducted/charged per the schedule above.

Please select one method of payment:

Debit/Withdrawal from Checking/Savings Account

Bank Name: _____

Bank Address: _____

Account #: _____

Routing #: _____

Charge to Debit or Credit Card American Express

MasterCard Visa

Your credit card will be swiped at the Y branch

Name on the card: _____

Address of card holder: _____

- Central Connecticut Coast YMCA monthly membership is a continuous plan which automatically renews monthly.
- Central Connecticut Coast YMCA, at their discretion, may adjust the monthly rate of membership. I will receive at least 30 days' notice prior to any such change.
- Should any YMCA account debit or charge not be honored by my bank or credit card Company for any reason, I am still responsible for that payment plus a \$20 service charge that will be applied to my account, in addition to any service fee my bank may charge.
- Central Connecticut Coast YMCA reserves the right to terminate my membership for non-payment of membership charges.
- Central Connecticut Coast YMCA reserves the right to disallow bank debits/withdrawals as an option for paying for membership.

Signatures

I have read and agree to the above terms and duration of this agreement:

Signature of Bank Depositor: _____ Date: _____