



CENTRAL CONNECTICUT COAST YMCA MEMBERSHIP APPLICATION

Membership Type: (circle one) Full Facility Community
 Youth YoungAdult Adult Couple Family SingleParentFamily Senior SeniorCouple 3rdParty/AOA _____

Primary Member (must be an adult)

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Mailing Address			City	State	Zip
Home Phone		Cell Phone		E-mail	
Employer		Occupation		Company Address	
Income (optional)		Relationship of Emergency Contact		Phone	Cell Phone

2nd Adult (if applicable)

First Name		MI	Last Name		Date
Gender	Date of Birth	Marital Status		Race (optional)	
Employer		Occupation		Company Address	
Income (optional)		Relationship of Emergency Contact		Phone	Cell Phone

Additional Dependent Household Members

First Name	MI	Last Name	Date of Birth	Gender	Adult or Youth

How did you hear about the YMCA? (Please circle one) Present Member (Name _____)
 Former Member Friend Print Ad Internet Drive By/Live In Area Direct Mail

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.

Payment Options & Authorizations continued

- 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.

Debits and charges are processed on or about the 1st or the 15th of each month. **Please select one:** 1st 15th

Monthly Draft Amount: _____

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** _____

Member Code of Conduct

Together, we can all do more to help strengthen our community. Toward that end, Central Connecticut Coast YMCA members should consistently celebrate the YMCA core values of caring, honesty, respect, and responsibility with behavior that illustrates those values. The Central Connecticut Coast YMCA reserves the right to suspend or terminate membership privileges for behavior not in accordance with our values.

Liability and Photo Release

I hereby assume full responsibility for any and all damages, injuries, or losses I or any member of my household may sustain or incur while attending or participating in any YMCA exercise and/or program. I hereby waive all claims against the Central Connecticut Coast YMCA, its instructors or partners, individually or otherwise, for any and all claims for injuries or damages I or any member of my household might sustain. I understand that there is a risk of injury associated with participation in any YMCA program and I certify that I and the members of my household are in good physical condition and have no disabilities that might hinder my/our participation. I certify that all of the information provided in this application is accurate and complete. I hereby grant the Central Connecticut Coast YMCA Association my consent and authorization to use images and video of me and the members of my household for the express purpose of helping the Central Connecticut Coast YMCA to promote its scholarships, services, and programs.

For Your Safety

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Signatures

I have read and agree to the Member Code of Conduct, Liability and Photo Releases above and certify that the information provided in this application is accurate and complete.

Member Signature: _____ **Date** _____

TO BE COMPLETED BY STAFF:	Staff Name:	Branch:
Member ID:	MFA: Yes – (Attach Form) Income Bracket:	