



**West Volusia Family YMCA**  
*We build strong kids, strong families, strong communities.*

# MEMBERSHIP APPLICATION

MEMBERSHIP #

NAME			
ADDRESS		CITY	ZIP
BIRTH DATE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PHONE	EMAIL
EMPLOYER NAME	EMPLOYER PHONE	SCHOOL NAME	SCHOOL PHONE
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	

SPOUSE NAME (Only if included in Membership)		BIRTHDATE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMPLOYER NAME	SCHOOL NAME	EMPLOYER PHONE	SCHOOL PHONE

DEPENDENTS (Only if included in Membership)					
FIRST NAME	MI	LAST ( IF DIFFERENT)	SEX	DOB	SCHOOL
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

## OFFICIAL USE

<b>METHOD OF PAYMENT</b> BANK DRAFT _____ ANNUAL _____ BANK CARD # _____ EX. _____	<b>INITIAL PAYMENT</b> <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> CHECK <input type="checkbox"/> CASH	<b>MEM TYPE</b> _____ <b>EXP</b> _____ <b>RECEIPT NUMBER</b> _____	<b>AMOUNT PAID</b> JOINER FEE _____ PRORATED _____ MONTHLY FEE _____ TOTAL _____	<b>ENROLLED BY</b> _____
				BRANCH
				DATE

<b>STAFF COMMENTS</b> _____ _____ _____	<input type="checkbox"/> SCHOLARSHIP	ENTERED BY _____ DATE _____
	<input type="checkbox"/> SCHOLARSHIP PAPERS ATTACHED	
	<input type="checkbox"/> CORPORATE MEMBERSHIP	
	<input type="checkbox"/> COMPLIMENTARY	

## WEST VOLUSIA FAMILY YMCA MISSION STATEMENT

The purpose of this association shall be to help develop Christian values and improve the quality of life in West Volusia County by involving individuals and families in programs that develop spirit, mind, and body.

### WAIVER

I understand that the West Volusia Family YMCA assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in these activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities and for medical treatment.

I understand that the West Volusia Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. NO REFUNDS WILL BE ISSUED ON FULL PAY MEMBERSHIP FEES.

I give my permission to the West Volusia Family YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes or promoting or interpreting YMCA programs.

### ACCEPTANCE

I acknowledge the Waiver set forth above and, being in sympathy with the mission statement of the YMCA, hereby apply for membership.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

## BANK DRAFT AUTHORIZATION

I authorize my bank to honor pre-authorized drafts drawn by the YMCA for membership payments and/or contribution. It is understood that my bank draft membership will be continuous until 30 days after written notification has been received by the YMCA. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus service charge. If at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the YMCA where the membership was purchased, along with membership card(s), **all changes must be made by the end of the month, to be effective for the following month.** (in) Failure to do so will result in that month's draft being non-refundable. A voided check is required with all bank draft applications. **The YMCA will not be liable for more than three (3) months back pay resulting from voluntary withdrawal of membership.**

X \_\_\_\_\_  
Initials

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
ROUTE/TRANSACTION #

\_\_\_\_\_  
ACCOUNT NUMBER

SAVINGS

\_\_\_\_\_  
ACCOUNT NAME

\_\_\_\_\_  
FIRST DEBIT DATE

CHECKING

\_\_\_\_\_  
MONTHLY AMOUNT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**MEMBERSHIP DUES AND SIMILAR PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS**