YMCA of Greater Houston
Membership Application

Last Name **First** **Center** **Member #**

Category	(24)**HH Income**	**Usage**	**CW Usage**	**Type**
○ C13 Student	○ $60K & Up	○ 350	○ 750	○ 30 Silver Sneaker
○ C18 Young Adult	○ $55-$59,999	○ 351	○ 751	○ 35 MFA
○ C19 Individual Adult	○ $50-$54,999	○ 352	○ 752	○ 52 Partner
○ C47 One Adult w/Kids	○ $45-$49,999	○ 353	○ 753	○ 69 Guest
○ C28 Two Adults	○ $40-$44,999	○ 354	○ 754	○ 79 Complimentary
○ C29 Two Adults w/Kids	○ $35-$39,999	○ 355	○ 755	○ 81 Program
○ C48 Senior Individual	○ $30-$34,999	○ 356	○ 756	○ 93 CW Staff Ind.
○ C41 One Senior Adult w/Kids	○ $25-$29,999	○ 357	○ 757	○ 95 CW Staff Fam.
○ C49 Two Senior Adults	○ $20-$24,999	○ 358	○ 758	
○ C42 Two Senior Adults w/Kids	○ $0-$19,999	○ 359	○ 759	

Staff Verification of Income: _____ Staff Initials _____ Staff Initials _____ Date Verified

○ Complete Application Process (Signatures, Copy of drafting information, payment collected)
○ Review Program Guide/Schedules/Pertinent Flyers
○ Review Membership Guidelines ○ Make appointment for orientation
○ Issue a membership card ○ Take member(s) picture

PAYMENT RECORD

DATE	RECEIVED FOR	AMOUNT	REC. #	INTIALS

(2) LAST NAME-HEAD OF HOUSEHOLD	(3) FIRST NAME	INITIAL	(4) SEX □ MALE □ FEMALE
(23) E-MAIL ADDRESS			

(5) DATE OF BIRTH MONTH / DAY / YEAR	(6) RACE □CAUC. □ HISP. □OTHER □ BLACK □ASIAN/PACIFIC ISLANDER	(7) MARITAL STATUS □ SINGLE □ MARRIED	(8) LOCKER #

(9) STREET ADDRESS	(10) APT. #	(14) HOME PHONE
(11) CITY	(12) STATE (13) ZIP	(15) CELL PHONE
EMPLOYER		(16) CODE
01 ADDITIONAL ADULT/SPOUSE	DATE OF BIRTH / /	SEX □ MALE □ FEMALE — LOCKER #
EMPLOYER		BUSINESS PHONE
(28) EMERGENCY CONTACT NAME	(29) EMERGENCY PHONE	

02 **ADDITIONAL MEMBER(s)**	**DATE OF BIRTH**	**SEX (M/F)**
03	/ /	
04	/ /	
05	/ /	

MEMBER NO. _____ 00

(30) □ INVOICE □ DRAFT

(32) JOIN DATE / / (33) ANNIV. DATE / /

FEE	USAGE	I OR D AMT
MBRSP		
LOCKER	002	
ADL ADT	399	
ADL ADT	799	
ADL ASST	888	
OTHER		
OTHER		
TOTAL		

- To qualify for any category, members must reside at the same address and pay monthly dues from one bank account. Dues are based on **TOTAL household income**. The head of household completing the application is responsible for payment.
- It is my understanding that if I wish to cancel my membership or make a change, **I must give the YMCA a 30 day written notice.**
- Students under the age of 18 must have parents/guardians signature.
- I acknowledge that the YMCA may terminate or suspend my membership at any time for actions that include but are not limited to, non-payment of fees, failure to follow posted rules, inappropriate language, fighting, harassment, illegal acts, and actions that do not support the YMCA mission. Any unused portion of dues will be refunded to member **(yearly invoiced members ONLY).**
- I agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me while on any YMCA premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses.

_____
Signature Date

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I authorize my bank to honor pre-authorized EFT's drawn by the YMCA of Greater Houston for membership dues, child care payments and/or contributions. It is understood that my EFT amount is continuous. **Cancellation and/or changes to this fee must be submitted in writing, at least 30 days prior to my scheduled draft date.** Failure to do so will result in my draft remaining in effect for one more draft cycle. Should any EFT not be honored by said bank when received by them, it is understood the YMCA's collection firm will pursue collection of dues plus service charge. I understand that the YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to this change.

□ **CHECKING** _____ NAME ON ACCOUNT _____ ROUTING NUMBER _____ ACCOUNT NUMBER

_____ NAME OF BANK

□ **CREDIT CARD**: Visa MasterCard Discover American Express _____ ACCOUNT NUMBER _____ EXPIRATION

_____ SIGNATURE OF ACCOUNT HOLDER _____ DATE