



Membership Information

1st Adult Name (Please Print) Mr. Mrs. Ms. _____
 First _____ M.I. _____ Last _____ Jr. Sr. 3RD 4TH
 Nickname _____ Date of Birth _____ Male Female
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____ E-Mail _____
 Emergency Contact _____ Phone _____
(Other than your household)
 Employer _____ Employer Phone _____
 Employer Address _____
(City/State/Zip)

2nd Adult Name (Please Print) Mr. Mrs. Ms. _____
 First _____ M.I. _____ Last _____ Jr. Sr. 3RD 4TH
 Nickname _____ Date of Birth _____ Male Female
 Emergency Contact _____ Phone _____
(Other than your household)
 Employer _____ Employer Phone _____
 Employer Address _____
(City/State/Zip)

Dependent(s)/Additional Adult(s) Name (Please Print)

First _____	M.I. _____	Last _____	Date of Birth _____	Male	Female
First _____	M.I. _____	Last _____	Date of Birth _____	Male	Female
First _____	M.I. _____	Last _____	Date of Birth _____	Male	Female
First _____	M.I. _____	Last _____	Date of Birth _____	Male	Female

MEMBERSHIP TYPE

Adult _____ Family _____ Youth (8-14) _____ Young Adult (15-21) _____
 Family Plus _____ Single Parent Family _____ Seasonal _____ Program _____

PAYMENT OPTIONS & TERMS

I authorize the below named financial institution to honor drafts by the YMCA of Southern Arizona on the account indicated below for membership, program or annual support campaign payments. It is understood that my monthly withdrawal will continue until written notice of cancellation is given. Should any draft not be honored by my financial institution, I understand that cash payment and a \$25 service charge are due immediately and/or may be drafted on the next available draft date. Any change, deletion or cancellation must be submitted in writing. If changing, deleting or canceling a membership, I must include my membership card(s) along with my written notice. Failure to give a 30 day written notice will make the subsequent draft(s) non-refundable. Changes or cancellations cannot be made by telephone. A deposit slip or voided check is required if using a savings or checking account. I understand that the YMCA reserves the right to adjust membership rates as necessary, which I agree to pay, upon at least 30 days advance written notice.

Monthly EFT Bank Draft – Full Name of Bank _____ City _____
 OR Checking Savings Account # _____ Routing # _____

Monthly EFT Credit Card Draft- Visa MasterCard American Express Discover
 Card # _____ Expiration Date _____
 OR Name of Issuing Bank _____
 Prepaid (Annual) Membership Term _____ Renewal Date _____

EFT PAYMENT SUMMARY	
Begins on	____/____/____
\$ _____	Per Month
\$ _____	Parking
\$ _____	(Other) _____
\$ _____	Total EFT

AUTHORIZATION SIGNATURE

Signature _____
 Date _____ Staff Initials _____

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.

YMCA MISSION: The YMCA of Southern Arizona is dedicated to improving the quality of human life and to helping all people realize their fullest potential through the development of Spirit, Mind, & Body. We pledge that based upon available resources, no child will be turned away due to inability to pay a fee.