



MEMBERSHIP ID # _____

TODAY'S DATE _____

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

Name Change to: LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

PLEASE VERIFY:

Emergency Contact Person: _____

Emergency Phone# _____

Contact Relationship _____

PLEASE CHECK TYPE OF CHANGE:

Change From Draft To Invoice

Cash Payment Options: Prepayment due on the 1st, choose 3 months 6 months annual

Change From Invoice To Draft

NAME ON CARD / ACCOUNT: _____

CREDIT DEBIT CARD

CHECKING SAVINGS

Card Type: Discover MasterCard Visa American Express

BANK: _____

CARD NUMBER: SCANNED NEED LAST 4 DIGITS _____

NAME ON ACCOUNT: _____

EXPIRATION DATE: _____

ROUTING NUMBER LAST 4 DIGITS _____

ACCOUNT NUMBER LAST 4 DIGITS _____

Change Membership Type:

Change Type From _____ to _____

MEMBERSHIP - DRAFT FEE WILL NOW BE: \$ _____

\$ _____ collect difference on joiners fee [\$25 HS • \$25 Young Adult • \$50 Adult • \$75 Family]

MONTHLY DRAFT

>>> PLEASE SELECT YOUR MONTHLY DRAFT DATE: 1st 15th 20th

PREPAID ANNUAL MEMBERSHIP

>>> ANNUAL DUE DATE: _____

_____ Add Locker Rental

Draft \$ _____ Locker # _____

_____ Add Towel Service

Draft \$ _____

_____ Add, Other _____ Draft \$ _____

HOLD Membership Choices

Medical Hold (see membership director)

Temporary Hold (\$13 month) 30 60 90 days

Total 90 Days maximum request per calendar year.

At end of hold, billing will automatically restart.

My YMCA of Saginaw monthly membership will be regarded as continuous until the time that I decide to terminate. Should I decide to cancel my membership before one year, I will be charged a termination fee equivalent to one month membership fee and all past due balances. I agree that if for any reason I wish to change the status of my membership at any time from the date of the agreement, my membership must be in good standing and I must give the YMCA written notice 7 days in advance of my DRAFT date. I am responsible for payment of draft, credit card charge, or cash payment and any return fees that may be assessed. I understand that the YMCA of Saginaw reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 30 days advance written notice. I understand that my account will continue to accrue dues until it is cancelled by completing a termination form at the YMCA. I also understand that the YMCA will take necessary steps to collect my membership fees if necessary, including potentially sending my account to collection.

I hereby authorize the YMCA of Saginaw to debit my account indicated above. I understand that the debit will be initiated on the due date show above. The YMCA of Saginaw will continue debiting my account on a month-by-month basis. Should my bank, for any reason not honor any debit I am responsible for the payment, plus a service charge of \$25 applied by eCashflow services on behalf of the YMCA and any return fees. I agree to the terms outlined in this contract. I understand if my account becomes delinquent I will be responsible for costs incurred to collect this account such as but not limited to collection agency fees, attorney fees, court costs, etc.

SIGNATURE: _____
Parent Signature if under age 18

DATE: _____

STAFF NAME: _____
S:Forms/Change of Information Form (yellow) 09-05-17

OVER

Y For All - Fair Share Application -Financial Aid - if applicable

Must LEAVE a copy of your current Federal Tax Form 1040 for EACH ADULT ON MEMBERSHIP APPLICATION for HOUSEHOLD.
Approval process can take up to 2 weeks.

I FILED Federal Taxes for last year.

I have shown my Federal Tax Form 1040 showing all income in household for last year.

We filed more than ONE tax form in our household.
We have shown _____ 1040 Forms.

\$ _____
Total annual household income

I DID NOT FILE Federal Taxes for last year.

I have shown a 4506-T form from the IRS showing no taxes filed for last year.

I have also shown copies of all proof of income including pay stubs or documentation of government assistance.

\$ _____
Total annual household income

The Y for All Fair Share program could reduce fees up to 40%. It does not eliminate them.

THIS ASSISTANCE APPLICATION MUST BE RENEWED EVERY 12 MONTHS!
I understand that membership fees are due monthly and late or missed monthly fee payments will result in cancellation of membership and financial assistance without notice. I am also responsible for a joiners fee.

I understand that assistance is based on need. I agree, if necessary, to send additional information and documentation to support the provided statements. Should you not complete your financial aid renewal application, your membership rate will adjust to the current full pay rate of your membership type. In the event that I or my children must cancel our membership, I am required to notify the YMCA immediately in writing. I certify that the information provided is true and complete to the best of my knowledge and that I do not have additional income not represented. I understand that if I falsify any of the information, current aid will be revoked and future aid may be denied.

Applicant Signature

Date

For Membership Director Use Only - Review				APPROVED BY:
Approved	Yes	No		
Rate	A	B	C	_____
Application good for 30 days from date of review.				DATE _____

CHANGE FAMILY MEMBERSHIP INFORMATION - dependents claimed on taxes, if applicable

Add	Remove	First Name	Last If Different	Birth Date	Gender M or F	Email
		Spouse / Adult				
		2				
		Youth / Dependents Age 24 or younger and claimed on your taxes				
		3				
		4				
		5				
		6				
		7				

CHANGE ADDRESS:

_____ STREET _____ CITY _____ STATE _____ ZIP _____

_____ HOME PHONE _____ CELL PHONE _____

_____ EMAIL _____