



Monroeville Area YMCA Membership Enrollment Application

RESPONSIBLE PARTY INFORMATION

First Name	MI	Last Name
Birthdate ___/___/___ (MM/DD/YY)	Marital Status (Circle One) S M D W	Gender (Circle One) Male Female
Current address		
City	State	ZIP Code
Home Phone	Cell Phone	Work Phone
Email		

Membership Type

FAMILY ADULT SINGLE PARENT FAMILY STUDENT SENIOR ADULT SENIOR ADULT COUPLE

Member Information

NAME: FIRST / MI / LAST	GENDER	RELATIONSHIP	BIRTH DATE

EMPLOYMENT INFORMATION

Employer/School	Phone
Address	

EMERGENCY CONTACT

Name	Phone	Relationship
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PAYMENT OPTIONS AND AUTHORIZATION

<input type="radio"/> EFT	<input type="radio"/> Semi-annual	<input type="radio"/> Annual
Amount	Checking Savings (circle one)	Routing Number
Account Number	Please attach a voided check and a copy of drivers license	

I authorize an automatic membership payment each month from the specified account in the amount specified above on the 1st of each month, until I provide the YMCA of Monroeville a written 30 day notice to cancel my membership. I understand the amount may change, with a 30 day notification, as a result of dues increase or membership type change. I accept sole responsibility for notifying the Monroeville Area YMCA if my information changes. Should any membership draft not be honored by my bank for any reason, I realize I am responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service charge my bank may apply. I understand that YMCA professionals may ask for verification of dependents and spouse.

I authorize an EFT for prorated dues/joining fee in the amount of \$_____ Date:_____ Signature:_____

Signature of applicant: _____ | Date: _____

For Office Use Only | Member # | Staff | Date

ATTACH VOIDED CHECK HERE.