



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 (Circle)

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. The YMCA conducts regular sex offender screening 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.

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.