



GRAND TRAVERSE BAY YMCA MEMBERSHIP APPLICATION

MEMBERSHIP TYPE *(Select one)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth 18 and under	Young Adult Ages 19-25	Adult Ages 26-59	Adult Couple Two members ages 18+, married or living in one household	Single Parent Family One Adult + dependents living in one household	Family Two Adults + dependents living in one household	Senior Age 60+	Senior Couple Two members ages 60+, living in one household

MEMBER INFORMATION

ADULT	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	🚨 Emergency Contact
🏠 Street Address	City		State	Zip	📞 Primary Phone #		📞 Emergency Phone #
✉ Email <i>(we need this to let you know about all the great things going on!)</i>	Employer			Relation			Veteran? <input type="radio"/> Active Military? <input type="radio"/>

ADULT	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	🚨 Emergency Contact
🏠 Street Address	City		State	Zip	📞 Primary Phone #		📞 Emergency Phone #
✉ Email <i>(we need this to let you know about all the great things going on!)</i>	Employer			Relation			Veteran? <input type="radio"/> Active Military? <input type="radio"/>

DEPENDENTS	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary
	Legal First Name	M.I.	Legal Last Name	📅 Birthdate	Gender	Nickname	👤 Relation to Primary

WHAT ARE YOU INTERESTED IN? *(Select all that apply)*

<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Parent-Child Programs	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Pickleball
<input type="checkbox"/> Aquarobics	<input type="checkbox"/> Non-athletic Programs	<input type="checkbox"/> Masters Swimming	<input type="checkbox"/> Coaching
<input type="checkbox"/> Spinning	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Youth Swim Team	<input type="checkbox"/> Refereeing
<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Adult Programs	<input type="checkbox"/> Tennis	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Child Care	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Joining the board
<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Triathlon Training	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Family Recreation	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Other:

HOW DID YOU HEAR ABOUT US? *(Select all that apply)*

<input type="checkbox"/> From a Y member	<input type="checkbox"/> In person	<input type="checkbox"/> Social Media	<input type="checkbox"/> Email	<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV	<input type="checkbox"/> Medical referral	<input type="checkbox"/> From my employer	<input type="checkbox"/> Friend or Family
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SEX OFFENDER NOTICE *(Please read)*

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.

STAFF USE ONLY

Adult First Name: _____ **Adult First Name:** _____ **Adult First Name:** _____ **Adult First Name:** _____
Staff Intials: _____ **Staff Intials:** _____ **Staff Intials:** _____ **Staff Intials:** _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS *(Please read)*

Company Name: Grand Traverse Bay YMCA Bank
ID No.: 38-1709640

Draft Start Date: 1st or 15th
***Monthly drafts choose 1**

I (we) hereby authorize the Grand Traverse Bay YMCA to initiate debit entries to my (our) checking account or savings account. The amount drafted will be the amount applicable to my membership category.

This authorization is to remain in full force and effect until the Grand Traverse Bay YMCA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Grand Traverse Bay YMCA and Depository a reasonable opportunity to act on it. It is also understood by me (both of us) that the Joiner Fee and first-month down payment are non-refundable.

I (we) understand that the Bank Draft Membership is a perpetual (continuous) contract and is automatically renewed on an ongoing basis. I (we) understand that to cancel my (our) Bank Draft Membership, written notice (**no less than 10 days** and no more than 90 days prior to cancellation) and return of my membership card(s) is required. I (we) understand the Grand Traverse Bay YMCA reserves the right to adjust the monthly rate applicable to my membership category and that they will give at least 30 days notice of any rate changes. I (we) understand with the monthly automatic draft membership, if a draft does not go through, a third party collection service may seek this payment and charge an additional fee. I (we) understand the Grand Traverse Bay YMCA reserves the right to cancel my (our) membership due to insufficient funds, and that I (we) are responsible for payment of these funds, plus any applicable NSF charge. If this occurs, the bank draft payment option will no longer be available to me (us). The Grand Traverse Bay YMCA is not responsible for any NSF charges from your provider.

Print Name: _____

Date: _____

Signature: _____