



Office Use Only:

Type of Membership: \_\_\_\_\_  
Corporate Name if Corporate \_\_\_\_\_

Mattoon Area Family YMCA  
The Y: We're for Youth Development,  
Healthy Living and Social Responsibility.

Primary's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email \_\_\_\_\_ Gender: Male or Female (Circle One)  
Parents Name if Youth Membership: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Family Section:**

*\* Family is defined as one or two adults and their dependents who are under the age of 19 or a full-time student, or a person for whom the member(s) claims a tax deduction (proof of dependency may be required). All family members must reside at the same*

Spouse's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_  
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Child's Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

**Employer Information REQUIRED:**

\*Primary's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\*Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact (not on this membership) REQUIRED:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Phone(W): \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about the YMCA? Member \_\_\_ Former Member \_\_\_ Family/Friend \_\_\_ Newspaper \_\_\_  
Magazine Ad \_\_\_ Television \_\_\_ Drive By \_\_\_ Mail \_\_\_ YMCA Messenger \_\_\_ Phone Book/Yellow Pages \_\_\_ Internet \_\_\_  
Church \_\_\_ Radio \_\_\_ Medical Referral \_\_\_ Billboard \_\_\_ Email \_\_\_ Employer \_\_\_ Other \_\_\_\_\_

**Our Cause:**

We're for Youth Development, Healthy Living and Social Responsibility.

**Membership Agreement**

I understand the three forms of payment; monthly bank draft, SBLHC deduction and 12 month prepay. If paying by monthly bank draft or SBLHC deduction, I agree that if for any reason I wish to terminate or change the status of my membership, I must come in and complete a Cancellation Form PRIOR TO THE 1ST DAY OF THE MONTH. If prepaying, I understand that my membership is **non-refundable** and must be renewed each year. I understand that the joining fee is non-refundable. If I cancel or do not keep my membership continuous and wish to rejoin I must pay the full joining fee again. (Unless within 30 days of cancellation.)

I understand that the Mattoon Area Family YMCA Assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from my participation in these activities. In consideration of the privilege of joining the YMCA, I hereby voluntarily release and discharge the Mattoon Area Family YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities.

I understand that the Mattoon Area Family YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using the YMCA facilities or on YMCA premises.

I understand that no accident or medical insurance is provided with this membership or for participation in programs, activities, special events, etc.

I give permission to the Mattoon Area Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings that may include my image or voice for purposes of promoting or interpreting YMCA Programs.

I agree to abide by all policies and procedures of the Mattoon Area Family YMCA and understand that failure to act in accordance with these rules may result in expulsion from the YMCA and termination of my membership.

The applicant gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by first responders, ambulance personnel or physician.

As a YMCA member I/we agree to act appropriately and to co-operate with others toward the accomplishment of the YMCA mission and the character development values of caring, respect, honesty, and responsibility.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Waiver Signed? \_\_\_\_\_  
Staff Initials \_\_\_\_\_



# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Mattoon Area Family YMCA  
The Y: We're for Youth Development,  
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## Authorization Agreement for Preauthorized Payments

Name on Account (Must be the account holder's name only) \_\_\_\_\_

*\*If the name on the account is not the members, the account holder must sign.*

Account/Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

\* Circle one if paying by EFT:                      Checking Account OR Savings Account

\* Circle one if paying by credit card:              Visa      MasterCard      American Express      Discover

Monthly Automatic Membership Dues Withdrawal Amt: \$ \_\_\_\_\_ Check Monthly Deduction Date:    10th    25th

Monthly Automatic Misc Withdrawal Amt: \$ \_\_\_\_\_ Monthly Deduction Date: (Same as checked above Only)

\*Specify Misc Withdrawal (Ex: Locker) \_\_\_\_\_

**Please attach a VOIDED Check or documentation from your bank with the ROUTING and ACCOUNT number on it.**

## Membership Authorization Agreement

I understand that this is a continuous membership plan and that this membership will remain in effect until I come in and sign a cancellation form. I agree that if for any reason I wish to terminate or change the status of my membership, I must come in and complete a Cancellation Form PRIOR TO THE 1ST DAY OF THE MONTH. If I cancel and wish to rejoin I must pay the full joining fee again. (Unless within 30 days of cancellation.)

The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive 30-day written notice about these changes.

The YMCA may adjust the monthly rate applicable to my age when falling into another category of membership at any time. I understand that I will receive 30-day written notice about these changes.

The YMCA may adjust the scholarship monthly rate applicable to my renewal at any time. I understand that I will receive 30-day written notice about these changes.

Should my bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, plus a service charge applied by the YMCA. This is in addition to any service fee my bank may charge. I will be denied access to the YMCA facility until payment is received. I understand that it is my responsibility to notify the YMCA with a 30-day written notice should I change my financial institution or my mailing address at any time.

The YMCA reserves the right to cancel my membership due to insufficient funds or a stop payment. If this should occur, the bank draft plan will no longer be available to me. If I should wish to continue my membership or rejoin, I must pay in full by cash only.

I understand that Swim Team bank draft dues will automatically be stopped after the last deduction on February 10th and that a cancellation form is not needed. However, should I wish to cancel Swim Team early I must come in and fill out a cancellation form. Membership bank draft will not automatically be stopped when Swim Team ends. Should I wish to terminate the membership this can only be done by signing a cancellation form at the member service desk.

I understand that if I wish to change my membership in any way, I must give the YMCA a 30-day written notice by filling out a change of membership form.

I understand that should my draft day fall on a weekend or bank holiday, the draft will be processed the following business day.

I understand that all joining fees and membership fees are nontransferable and non-refundable.

I hereby authorize the Mattoon Area Family YMCA (221 N. 16th St., Mattoon, IL 61938), hereinafter called the YMCA to initiate drafts or any adjustment for any entries in error to my (our) checking or savings account indicated above to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_