



County Employees must pay \$20 joiner fee and the county will pay the remaining portion. Applications and payroll deduction form are available in the Human resources department at the county building. Please turn in your application at any Muncie Family YMCA location.

Employee portion of Membership Rates:

	Young Adult	Adult	Husband/Wife	Single Parent family	Family
Monthly Dues	\$10.00	\$12.00	\$16.00	\$16.00	\$20.00
Amount deducted each check on a 24 pays per year	\$5.00	\$6.00	\$8.00	\$8.00	\$10.00
One time joiner Fee Payroll deducted	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00

# Delaware County YMCA Payroll Deduction Form

## Enrollment Agreement

I am electing to participate in the Delaware County Wellness Program by joining the Muncie YMCA. I hereby authorize Delaware County to deduct my portion of the membership dues each pay period. I understand it is my responsibility to complete the YMCA Application for Membership and turn it in to the Muncie Family YMCA to activate my membership.

I understand Delaware County will pay a portion of my initial joining fee if I am not a current member; however, if I choose to cancel my membership, I understand I am responsible for any re-joining fee required.

By consenting to participate, I agree to actively participate in the program and understand that failure to do so could lead to a loss of membership privileges.

I understand if I choose to cancel my YMCA membership, it is *my responsibility* to complete the Cancellation of Payroll Deduction section of this form and submit it to Human Resources. I also understand it is my responsibility to contact the Muncie YMCA to cancel my membership. This agreement will remain in effect until Delaware County receives a signed Cancellation of Payroll Deductions form.

**Enrollment Type:** \_\_\_\_\_ New Member (\$20 Joining Fee Payroll Deducted)

\_\_\_\_\_ Exiting Member

**Membership Type:** \_\_\_\_\_ Young Adult Membership (\$10/month)

\_\_\_\_\_ Adult Membership (\$12/month)

\_\_\_\_\_ Employee/Spouse (\$16/month)

\_\_\_\_\_ Single Parent Family (\$16/month)

\_\_\_\_\_ Family (\$20/month)

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Cancellation of Payroll Deduction

I am electing to cancel my membership with the Muncie YMCA. I understand it is my responsibility to notify the Muncie YMCA of my membership cancellation. **I understand should if I choose to re-join, I am responsible for any re-joining fee required.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Application for YMCA Membership

Name: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Join Date: \_\_\_\_\_  Full Pay  Bank Draft  Credit Card Draft

Type of Membership:  Family  Single Parent Family  Husband & Wife  Adult  Young Adult  Youth

Add on amenities:  Single Tennis  Family Tennis  Locker  *Scholarship*

First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last \_\_\_\_\_  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Group/Corp. # \_\_\_\_\_ Group/Corp. Name \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_ Race:  Caucasian  African-American  Asian  Hispanic  Other \_\_\_\_\_

E-mail address \_\_\_\_\_ Employer \_\_\_\_\_

(02) Spouse First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last \_\_\_\_\_  M  F

Date of Birth: \_\_ / \_\_ / \_\_ Race:  Caucasian  African-American  Asian  Hispanic  Other \_\_\_\_\_

Email address \_\_\_\_\_ Employer \_\_\_\_\_

#	Dependent/Children's Names	M/F	Birth Date	Relationship
03				
04				
05				
06				

*To help us serve you better, please fill out the following information. This information is kept confidential.*

How did you hear about the Y?  Newspaper  TV  Radio  YMCA Brochure  Direct Mail  Walk-in  
 Member (name: \_\_\_\_\_)  Website  Other: \_\_\_\_\_

To ensure that the YMCA can continue to serve the community, we are required to follow IRS guidelines for non-profit organizations by providing that all income levels of the community are being served. Again, your personal information is kept confidential.

Income Level:  Under \$15,000  \$15,001 to \$25,000  \$25,001 to \$35,000  \$35,001 to \$45,000  \$45,000+

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Application For Electronic Fund Transfer

### Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:

- Checking
- Savings
- Credit/debit card (check one):
  - Visa       MasterCard       Discover

indicated above and the Financial Institution named below to debit my account.

Financial Institution (for checking and savings)

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Routing/Transit Number (for checking and savings)

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Account Number

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Name as it appears on account

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Expiration Date \_\_\_\_\_ Verification Code \_\_\_\_\_

Although the YMCA will make every reasonable effort to insure monthly draft amounts are correct, I understand that it is my responsibility to review my drafts each month through records provided by my financial institution to determine that each monthly draft is correct. I also understand that if any draft is not correct, that I must notify the YMCA in writing of any errors within 60 days. After the error(s) are confirmed, the YMCA will issue a refund within a reasonable number of days. The YMCA will not issue any refund requests received more than 90 days after the date of the incorrect draft.

Member's Signature

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### Terms and Conditions

1. I understand that if I wish to cancel or change my membership in any way, I must give the YMCA sufficient written notice. I understand that I must turn in all of my membership cards upon termination and that I will receive temporary cards for the balance of the time I have paid for or will be paying for.

Member's Initials \_\_\_\_\_

2. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks notice prior to any such change in my membership fees.

Member's Initials \_\_\_\_\_

3. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Member's Initials \_\_\_\_\_

4. Membership cards remain the property of the YMCA and must be surrendered upon request.

Member's Initials \_\_\_\_\_

Cancellation forms are available at the member services desk.

Please attach voided check for checking account withdrawal.