

# YMCA MEMBERSHIP APPLICATION

<input type="checkbox"/> Boonslick Heartland YMCA	<input type="checkbox"/> Glasgow Rec Center YMCA
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<input type="checkbox"/> Youth	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Couple	<input type="checkbox"/> Family
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**Fields Marked With An \* Are Required**

<b>*Primary Member Information (Must be an Adult age 18 or older; must be a Parent/Guardian for Youth Memberships)</b>				
_____	_____	_____	_____/_____/_____ F / M / U	
<b>*First Name</b>	<b>Middle I.</b>	<b>*Last Name</b>	<b>*Date of Birth</b>	
_____) - _____		_____		
<b>Primary Member Personal Phone</b>		<b>Employer (Required for Corporate Memberships)</b>		

<b>Secondary Member Information (Must be an Adult age 18 or older)</b>				
_____	_____	_____	_____/_____/_____ F / M / U	
<b>*First Name</b>	<b>Middle I.</b>	<b>*Last Name</b>	<b>*Date of Birth</b>	

<b>*Unit/Household Information</b>				
_____	_____	_____	_____	_____
<b>*Street Address</b>	<b>*City</b>	<b>*State</b>	<b>*Zip</b>	
_____) - _____		_____		
<b>*Primary Phone Number</b>		<b>E-Mail</b>		
_____	_____	_____) - _____		
<b>*Emergency Contact Name</b>	<b>*Relationship to Primary</b>	<b>*Phone Number</b>		

<b><u>Dependant Information</u> (Provide information for all children under 19, or full-time college students ages 19-22 living at home)</b>			
Name	D.O.B.	Gender	Relationship to Primary

<b>Payment Options</b>			
<input type="checkbox"/> Monthly payments made automatically via a checking/savings account, or a credit/debit card. <input type="checkbox"/> Quarterly payments made automatically via EFT or credit/debit card, or over the counter via mailed invoices. <input type="checkbox"/> Semi-Annually payments made automatically via EFT or credit/debit card, or over the counter via mailed invoices. <input type="checkbox"/> Annually payments made automatically via EFT or credit/debit card, or over the counter via mailed invoices.			
All Memberships pay the \$25 Administrative Fee, plus a prorated portion of their first month's dues at the time of activation.			
Payment Method:	<input type="checkbox"/> Bank Account	<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Invoice (Not Valid for Monthly)
Auto-Draft Date:	<input type="checkbox"/> 1st of the Month	OR	<input type="checkbox"/> 15th of the Month

<b>Membership Cancellation Policy</b>
<p>Cancellation of Membership <b>must be submitted in writing</b> either in person or via e-mail, mail or fax correspondence: Membership <b>can not and will not</b> be cancelled via phone call. All Membership cancellations, <b>regardless of date received</b>, will be processed and terminated at the end of the current month. Once a month begins, <b>scheduled payments for that month will not be cancelled</b>, and <b>no refunds will be made on any Membership payments</b> (this includes Quarterly, Semi-Annual and Annual Membership payments).</p>

