



Membership Application

BEATRICE MARY FAMILY YMCA
1801 Scott Street
Beatrice, NE 68310
402.223.5266
beatriceymca.org

Need Based Financial Assistance May be Available

Application: New _____ Renew _____ Change _____ Date _____

1st Adult Name: _____ Sex: M F Age: ____ Birth Date: ____/____/____
Employer: _____ Phone: _____ Email: _____

2nd Adult Name: _____ Sex: M F Age: ____ Birth Date: ____/____/____
Employer: _____ Phone: _____ Email: _____

Home Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Dependent Children (17 & UNDER) OR (26 & UNDER, IF A FULL TIME COLLEGE STUDENT):

Name	Sex	Age	Birth Date	Name of School Attending
<input type="checkbox"/> 1 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____	_____
<input type="checkbox"/> 2 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____	_____
<input type="checkbox"/> 3 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____	_____
<input type="checkbox"/> 4 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____	_____
<input type="checkbox"/> 5 _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____	_____

Membership Type:

Youth (0-17) Young Adult (18-22) Adult (23-61) Household Family Single Parent Family
 Senior Adult (62 & Older) Senior Couple Silver Sneakers Lifetime (70 & up)

Payment Type: Annual (pay for full 12 months when joining)
 Monthly* 15th of Month Bank Draft (a minimum of 1 year commitment then 30 day notice)
 Payroll Deduct-Name of Corp: _____ *Please fill out Authorization on back.

Member Value Added Options: FOB card for 24 hour access (Sign Agreement & \$10.00 per card per Adult-1st card)
 Nursery for One Child (\$14/mo) Small Locker (\$3.00/mo or \$35/yr) Towel Service (\$5/mo)
 Nursery for Family (\$21/mo) Large Locker (\$5.50/mo or \$65/yr)

Is anyone on this application a registered sex offender? Yes _____ No _____

Refund Understanding (must read)
I understand refunds will not be made once payment for membership dues are paid.

Participation Release
I release the Beatrice Mary Family YMCA and its staff from all claims of injury which may be sustained while participating at the Y for the above members, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. We also agree to follow the Beatrice Mary Family YMCA sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named members for promotional materials.

I understand this is a minimum of 1 year commitment.

★ **Member Signature:** _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

For Office Use Only

Membership Cost: \$ _____ **Paid by:** Cash Membership Type: _____

Options: \$ _____ Check #: _____ Corporate Group: _____

Total Paid: \$ _____ Credit Card _____ Staff: _____



Authorized Payments

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Bank Draft Payment Plan Account # _____ Routing # _____

Type of Account Checking or Savings account. Bank Name: _____

***Please Attach a Voided Check here (no deposit slips)

Employee Deduction Authorization for the BEATRICE MARY FAMILY YMCA
(Ask who are our approved corporates for payroll deduct.)

Name of Corporation: _____

Effective Date: ____ / ____ / ____

Employee Name (Print): _____

Employee ID Number (if available): _____

START deduction of \$ _____ per month for the Beatrice Mary Family YMCA.

The undersigned hereby authorizes _____ to deduct my membership dues from my gross earnings each payroll period.
Name of your employer

YMCA Office Use, Received and processed by: _____ Date: _____ Faxed: _____

Membership: TYPE _____ 15th Monthly Draft Amount \$ _____
For Memberships the monthly draft payment plan is a minimum of a one year commitment with a 30 day notice to cancel from the 15th draft date.

- Member Value-Added Options:** (Drafted on the 15th of each month):
- Small Locker** (\$3.00/month) **Large Locker** (\$5.50/month) **Towel Service** (\$5.00/month)
 - Nursery for One Child** (\$14.00/month) **Nursery for Family** (\$21.00/month)

- Other Programs:** _____ Draft Amount \$ _____
- Team Gymnastics** (15th of Month- _____ thru _____) **Swim Team** (15th of Month- _____ thru _____)
 - Preschool / Before & After School / Summer Camp** (Bank Draft Every Thursday per schedule)
- (To cancel or change a Childcare Program it requires a 2 week written notice.)

This Draft will continue until the YMCA is notified in writing 30 days prior to my next draft. I am responsible for payment if 30 days is not received. Membership, added options, and program rates are subject to change and I understand I will be notified in writing prior to any membership adjustments with the address I have on file.

I will notify the YMCA of any change in my above account information, phone number, or home address.

I understand that, if any draft is not honored for any reason, I am responsible for that payment, plus any service fee assessed by the YMCA in addition to any service fees assessed by my bank. I also understand that I (my) family will be denied access to the facility until the balance due is paid.

Being the authorized account holder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay and specifically authorize the Beatrice Mary Family YMCA, Beatrice, NE to charge my above account, for my monthly membership, value-added option, or YMCA program and further agree that in the event my above account becomes invalid, I will provide the Beatrice Mary Family YMCA with new account information upon request and will pay for any outstanding balances and fees owed.

My first withdrawal will be \$ _____ on or about _____

★ *****Authorized Account Signer Signature: _____ Date _____

Printed Name _____ Staff Initials _____