



## YMCA of Belleville and Quinte Membership/Tour Information Form

Membership Number	Email Address	<input type="checkbox"/> Belleville Branch <input type="checkbox"/> Quinte West Branch
Last Name	First Name	Birth Date MM/DD/YYYY
Address	City	Postal Code
Home Phone	Business Phone/Ext.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact Person		Phone Number

<b>Membership Type</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Child/Youth <input type="checkbox"/> Student <input type="checkbox"/> Senior <input type="checkbox"/> M Plus
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**What benefit/goals do you expect to meet or gain from the YMCA?**

**What activities are you interested in?**

<input type="checkbox"/> Fitness Classes	<input type="checkbox"/> Aqua Fitness	<input type="checkbox"/> Youth Programs
<input type="checkbox"/> Yoga	<input type="checkbox"/> Swimming Programs	<input type="checkbox"/> Family Programs
<input type="checkbox"/> Cardio Programs	<input type="checkbox"/> Youth Swim Classes	<input type="checkbox"/> Other _____

**To be completed upon joining**

Family Members	Members Name	Membership Number	DOB MM/DD/YYYY
<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Male <input type="checkbox"/> Female			

**Pre-Authorized Chequing Agreement or Pre-Authorized Credit Card Agreement**

I hereby authorize the YMCA of Belleville and Quinte to deduct monthly membership fees from my bank account/credit card on the *(please check one) - (if using a credit card please write it in the space provided)*

**1st day of each month**     **15th day of each month**

Credit Card # (16 numbers)	Expiry Date	Customer Signature
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**Annual Membership Paid in Full Agreement**

A membership which is paid in full is not refundable, except for illness (with doctor's note) or when relocating out of town. A \$20.00 service charge will apply. **\*\*Membership may be cancelled and full refund given within 10 days of purchase\*\***

	Initial	Staff Initial
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**Membership Adjustment**

I understand that my membership may only be adjusted a maximum of 2 times per year. If I require more than the allowed amount of changes I agree to pay an administrative fee of \$10.00 per change.

**\*All adjustments must be made a minimum of 7 days before your payment date.**

	Initial	Staff Initial
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**Cancellation**

I understand that I am required to notify the YMCA of my intention to cancel my membership <b>15 days</b> prior to my selected payment date. I further agree to return my membership card at the time of cancellation and failure to do so will result in the payment schedule remaining in tact. I understand the monthly payment will be adjusted to reflect current membership fees on my anniversary date. <b>*Please note: Memberships must be cancelled in person and not by telephone and that if insufficient notice is given and a payment has been processed, a refund will not be produced.</b>	Initial	Staff Initial
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**Insufficient Funds**

I understand and agree that if, at any time, there are insufficient funds in my bank account, a \$20.00 service charge will be applied and paid to the YMCA.	Initial	Staff Initial
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**Bank Agreement**

Each payment shall be as if I/we had personally issued a cheque authorizing the Bank to pay the YMCA as indicated and to debit the amount specified to my/our account. I/we will notify the YMCA promptly in writing if I/we move the account from one bank or branch to another, or there is any other change in the account. Any delivery of this authorization to the YMCA constitutes delivery by me/us to the Bank. I/We am/are all the persons who are required to sign on the above account or credit card.	Initial	Staff Initial
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**Membership Card(s)**

I understand that the membership cards are the property of the YMCA and can be revoked for abuse of the membership. I also agree to pay the YMCA \$5.00 per card that needs to be replaced due to lost or misplaced cards.	Initial	Staff Initial
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**Membership Agreement**

<p>Please note that memberships are not transferable from person to person.</p> <p>Fees are subject to change. The YMCA will provide 30 days notice by mail before a change in fees are made. Fee changes will apply during the month of my anniversary date. If I choose not to accept the new fee, I understand that I may cancel my membership by following the cancellation policy.</p> <p>I have read the agreement and understand and agree with all terms and conditions, I further understand that all information provided with respect to membership and to any additional individuals added as part of the family, meet with the YMCA's membership criteria and that false information will be constituted as fraud and will result in the loss of the membership privileges and notification of authorities.</p>	Staff Initial		
<table border="1"> <tr> <td>Membership Signature</td> <td>Date MM/DD/YYYY</td> </tr> </table>	Membership Signature	Date MM/DD/YYYY	
Membership Signature	Date MM/DD/YYYY		

**YMCA Strong Kids**

The YMCA of Belleville and Quinte supports children and families in your community. We invite all members to consider making a donation to the YMCA today. Your support will assist those in our community who may be less fortunate or experiencing financial / economic hardships and challenges.	Staff Initial		
<table border="1"> <tr> <td>Yes, I will make a donation per month in the amount of:  <input type="checkbox"/> \$5.00    <input type="checkbox"/> \$4.00    <input type="checkbox"/> \$3.00    <input type="checkbox"/> \$2.00    <input type="checkbox"/> Other \$</td> <td rowspan="2"></td> </tr> <tr> <td>No, I will not make a donation at this time.</td> </tr> </table>	Yes, I will make a donation per month in the amount of: <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$4.00 <input type="checkbox"/> \$3.00 <input type="checkbox"/> \$2.00 <input type="checkbox"/> Other \$		No, I will not make a donation at this time.
Yes, I will make a donation per month in the amount of: <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$4.00 <input type="checkbox"/> \$3.00 <input type="checkbox"/> \$2.00 <input type="checkbox"/> Other \$			
No, I will not make a donation at this time.			

**YMCA KidsKare Service**

I wish to take advantage of the YMCA KidsKare services. I understand that this is a monthly fee that will be added to my membership fees.	Initial	Staff Initial				
<table border="1"> <tr> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td>Number of Children</td> <td>=</td> <td>Total Fees</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Children	=	Total Fees		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Children	=	Total Fees			

**Monthly Payment**

Membership Fee	+	Donation / KidsKare	=	Per Month	Initial	Staff Initial
\$		\$				

**Office only Please Note: The first PAC/CC payment must be within 30 days of Registration date.**

Receipt #	Anniversary Date	Payor Registration Number
PAC/CC 1st Payment Date	PAC/CC Monthly Amount	Orientation Booked <input type="checkbox"/> Yes <input type="checkbox"/> No