

Welcome to the Waynesboro Family YMCA

This is a Smoke-Free Campus

Photo ID Required

Membership Ty	/pe: (select one) Pric	ing is per month					
☐ Household (up to 4 *Proof of residue)	4 adults and unlimited dence for each adu						
☐ Family (2 adults an	d unlimited youth; all	must reside at the	e same	address) - \$68			
☐ Single Parent Far	nily (1 adult and un	limited youth; all n	nust re	side at the same	address) - \$60		
☐ Adult Couple (19-	61) - <i>\$63</i>	☐ Senior Coupl	e (Botl	n 62+) <i>- \$50</i>	□ Your	ng Adult (1	18-29) <i>- \$33</i>
☐ Adult (30-61) - \$48		☐ Senior Adult	(62+)	- \$39	□ Yout	:h (12-17) -	\$25
☐ Youth x2 - <i>\$50</i>							
PRIMARY INFORMATION *Required Field			ЕМВ				
*Last Name (Please Print)	*First	M.I		*Phone Number	(Driver's Li	cense Number)	
*Street Address			-	*Birth Date	Male/Fema	ale/Other	Race
*City	*State	*Zip	-	*Emergency Contact	(Name and Phone #)		
*Email Address			-	Employer		(Area Code) Of	fice Phone
All members of Household qualify as Youth, children			5 with a	student ID. Anyone			
FIRST NAME (print)	LAST NAME (prin	t) MALE/FEI /OTH		BIRTH DATE	RACE IDENTIFIED AS		R, SCHOOL, NONE
1		M/F/					
	_	. ,					
3							
4 5							
How do you hope to b							
How did you learn abo		□ Mail □			□ Family/Frie		

WAYNESBORO YMCA MEMBERSHIP AGREEMENT

Initials Required

Cancelation notices received on or after the 1st will be effective the following billing month. Annual memberships may be discontinued by written indice only, effective at the end of the membership year, there will be no refund of prepaid lesse, saccept for compelling me cal reasons as determined by the Y management, in its discretion, or when a member is moving outside a fifty-infler adults of Waynes boro, Virginia, Member(s) may be their membership on medical hold for up to three membership wait from the property of th		indus required							
draft not be honored, member fees are still responsible for that payment and all associated fees for that payment. (Please Initial) 3. The YMCA may, at their discretion, adjust the monthly fee applicable to my category of membership with prior notice to me of no less than 30 days. Annual memberships will be adjusted at the end of the membership card, which must be presented/scanned for admittance to the YMCA facilities. The membership card may result in cancellation of membership. The YMCA facilities and regulations of the property of the prop	1.	Monthly memberships may be discontinued at any time with written notice before the 1st of the month of which you wish to cancel Cancellation notices received on or after the 1st will be effective the following billing month. Annual memberships may be discontinued by written notice only, effective at the end of the membership year; there will be no refund of prepaid fees, except for compelling medical reasons as determined by the Y management, in its discretion, or when a member is moving outside a fifty-mile radius of Waynesboro, Virginia. Member(s) may put their membership on medical hold for up to three months. (Please Initial)							
## Back member agas 12 and up will be sadiusted at the end of the membership year. (Please Initial) ## Each member agas 12 and up will be fasted at membership card is not transferable. Loan/misuse of a membership card is not transferable. Loan/misuse of a membership card may result in cancellation of membership. The YMC will charge a fee for replacement of a lost card. (Please Initial	2.								
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MYACA management, a member or member's guests commit misconduct, within or outside the YMCA destroy YMCA property, commit theff, whether prosecuted or not, falsify this membership application, or fals to pay any fees when due. (Please Initial) 6. Every member is solely responsible for safeguarding the member's personal property at all times, and releases the YMCA from any lia bility on account of loss or destruction of personal property. Locks are the responsibility of the member and must be removed dally. Locker rental may be available upon request. (Please Initial) 7. Youth members under the age of 12 do not have facility privileges unless they are accompanied by an adult YMCA member over the age of 18 or are in a supervised program. (Please Initial) 8. The YMCA may conduct regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA caserves the right to cancel membership, end program participation, and remove visitation access. (Please Initial) 9. The YMCA may use photographs of members participating in activities in its promotional materials. (Please Initial) 10. I understand the Equipment and Supplies Upgrade Fee of \$20 will be charged to my account on April 15th of each year. (Please Initial) 10. I understand the Equipment and Supplies Upgrade Fee of \$20 will be charged to my account on April 15th of each year. 10. Please Charge to my account all membership (we animals above) drafts drawn by the Waynesboro Family YMCA (select one) 11. Annually on the anniversary date in the amount of \$	4.	Each member ages 12 and up will be issued a membership card, which must be presented/scanned for admittance to the YMCA facilities. The membership card is not transferable. Loan/misuse of a membership card may result in cancellation of membership. The YMC will charge a fee for replacement of a lost card. (Please Initial)							
bility on account of loss or destruction of personal property. Locks are the responsibility of the member and must be removed daily. Locker rental may be available upon request. (Please Initial	5.	YMCA management, a member or member's guests commit misconduct, within or outside the YMCA, destroy YMCA property, commit							
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WAYNESBORO YMCA PAYMENT AGREEMENT/AUTHORIZATION Please charge to my account all membership (see number 3 above) drafts drawn by the Waynesboro Family YMCA (select one) Once each month on the 15th in the amount of \$	10.								
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Amount Date Amount Date Amount Date Payroll Deduction per contract with employer Please charge to my account annually the Equipment and Supplies Upgrade Fee on April 15th of each year in the amount of \$20. This authorization will remain in effect until cancelled and/or a change on the account is made by me in writing (see number 1 & 2 above and until you receive such notice from me, I agree that you shall be fully protected in honoring any such draft. I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me. SELECT ONE: Credit/Debit Card or EFT *Need a copy of voided check* Name (of the financial account holder): Billing Address: Street Address Type/Expiration Date on Card: Signature of Financial Account or Card Holder: Print Name: Date: Phone Number: FOR OFFICE USE ONLY Rev. 7727/ Entered Into Daxko: YES NO Date: Finacial Assistance %: Finacial Assistance %: Copy of Photo ID Household Membership Only - Copy of Proof of Adults' Residence EFT - Copy of Voided Check Entered by: Reviewed by:		Once each month on the 15th in the amount of \$, beginning or Date							
Please charge to my account annually the Equipment and Supplies Upgrade Fee on April 15th of each year in the amount of \$20. This authorization will remain in effect until cancelled and/or a change on the account is made by me in writing (see number 1 & 2 above and until you receive such notice from me, I agree that you shall be fully protected in honoring any such draft. I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me. SELECT ONE: Credit/Debit Card or EFT *Need a copy of voided check* Name (of the financial account holder): Billing Address: Street Address Zip									
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Name (of the financial account holder): Billing Address: Street Address Type/Expiration Date on Card: Signature of Financial Account or Card Holder: Print Name: Date: Phone Number: FOR OFFICE USE ONLY Entered Into Daxko: Discount Group: Finacial Assistance %: Discount Group: Rev. 7/27/ Household Membership Only - Copy of Proof of Adults' Residence Entered by: Reviewed by:	and	I until you receive such notice from me, I agree that you shall be fully protected in honoring any such draft. I agree that your							
Billing Address: Street Address Type/Expiration Date on Card: Signature of Financial Account or Card Holder: Print Name: Date: Phone Number: FOR OFFICE USE ONLY Entered Into Daxko: Discount Group: Financial Assistance %: Copy of Photo ID Household Membership Only - Copy of Proof of Adults' Residence Entered by: Rev. 7/27/ Rev. 7/27/ Entered by: Reviewed by: Reviewed by:	SEL	LECT ONE: Credit/Debit Card or EFT *Need a copy of voided check*							
Name of Bank/Credit Card Company:	Nar	me (of the financial account holder):							
Signature of Financial Account or Card Holder: Print Name: Date: Phone Number: FOR OFFICE USE ONLY Staff Initials: Discount Group: Finacial Assistance %: Copy of Photo ID	Billi	ing Address: Street Address Zip							
Print Name: Date: Phone Number: Phone Number: Rev. 7/27/ Entered Into Daxko: YES NO Date: Staff Initials: Discount Group: Finacial Assistance %: Copy of Photo ID	Nar	me of Bank/Credit Card Company:Type/Expiration Date on Card:							
Entered Into Daxko: YES NO Date: Staff Initials: Discount Group: Finacial Assistance %: Copy of Photo ID	Sig	nature of Financial Account or Card Holder:							
Entered Into Daxko: YES NO Date: Staff Initials: Discount Group: Finacial Assistance %: Copy of Photo ID	Pri	nt Name: Phone Number:							
Discount Group: Finacial Assistance %: Copy of Photo ID	FOR	OFFICE USE ONLY Rev. 7/27/2							
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