

FAMILY Y MEMBERSHIP APPLICATION

Member Information

Name: _____

Street Address: _____

City, State, Zip: _____ Email: _____

(Our member software allows us greater ability to communicate with you through e-mail. When registering for Family Y programs please provide us with your e-mail address and we will be able to send you INSTANT confirmation of your program registration.)

Date of Birth: _____ Sex: _____

Phone: Home () _____ Work () _____

Name of Employer: _____

Profession: _____ Position: _____

Spouse Name (if joining): _____ Spouse Date of Birth: _____ Sex: _____

Name(s) of Children (if joining):

1. _____ Sex: _____ Date of Birth: _____

2. _____ Sex: _____ Date of Birth: _____

3. _____ Sex: _____ Date of Birth: _____

4. _____ Sex: _____ Date of Birth: _____

Type of Membership: _____ Cost: _____

Members must bring membership cards to access building!

Emergency Contact

Name: _____

Phone: _____ Mobile Phone: _____

Strong Kids Campaign

Would you like to contribute to the Strong Kids Campaign in your monthly payment? Yes _____ No _____

Please charge my account an additional (check one): \$5 \$10 \$20 \$50 Other \$ _____ per month

I would like to contribute now with my annual membership in the amount of \$ _____

Payment Information

Memberships require a Joiner Fee of \$50.00 (Adult or Family) or \$25.00 (Senior or Student).

Enclosed is my check # _____ payable to the Westport Weston Family Y in the amount of \$ _____

Please charge my Visa/MasterCard/Discover # _____

Signature: _____ Exp. Date: _____

I understand that the Westport Weston Family Y (the "Family Y") is a non-profit organization which makes its facilities and programs available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. In consideration of use of Family Y facilities, and/or acceptance as a Family Y member or guest or into any Family Y program(s), I/we (and any family member who hold Family Y membership through me/us) hereby release and agree to hold harmless the Family Y, its officers, directors, employees and staff, from any claim for damage or loss (including but not limited to physical injury and property damage that may be incurred by me/us, or any such family member, or any of our guests), as a result of the use of any facility or participation in any program(s) of the Family Y. I/We certify that I/we and such family members and guests have been determined by a medical doctor to be physically capable to undertake all programs and activities in which I/we or they participate. I/We agree to abide and to require and such family members and guests to abide by all rules and policies established by the Family Y. A 25% service charge will apply to all membership cancellations excluding medically documented reasons or relocation of residence out of state. I agree that my photo can be used by the Y unless I notify the photographer at the time my picture is being taken.

Your Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FAX IT

(203) 221-8390

MAIL IT

Family Y, P.O. Box 190, Westport, CT 06881

IN PERSON

At the Member Service Desk

For Office Use Only: Type of Membership _____ Code _____ Fee _____

Member Number _____ Receipt # _____

Join Date _____ Exp. Date _____ Processed By _____

DRAFT AUTHORIZATION AGREEMENT



We build strong kids,
strong families,
strong communities.

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF WESTPORT/WESTON, INC.
D/B/A WESTPORT WESTON FAMILY Y

Member Name: _____

Recurring Monthly Payment _____

• Bank Draft Information

Bank Name _____

Bank City, State, Zip _____

Bank Transit/ABA No. _____

Bank Account No. _____

Account Type Checking Savings

****PLEASE ATTACH VOIDED CHECK FROM YOUR ACCOUNT****

• Credit Card Information (MC/VISA/DISCOVER only)

Credit Card Number _____ Exp Date _____

Cardholder's Name _____

Street Address _____

City, State, Zip _____

Phone: Days () _____ Evenings () _____

The undersigned hereby agrees and authorizes the Westport Weston Family Y to process charges to the above credit card/bank account on a recurring monthly basis in the amount noted above. Said monthly charges shall continue until Member notifies the Family Y, in writing, to cancel such charges. The Family Y requires a minimum of 30 days notice of intention to cancel membership and/or program privileges.

If membership is reinstated, all initial joining fees apply.

Member acknowledges that scheduled price increases may be automatically processed. The Family Y will mail notice of increases 30 days before they take effect.

Member agrees to provide updated credit card/bank information upon request. The Family Y needs updated information to continue to process monthly payments. Member understands that failure to provide valid credit card/bank information to the Family Y will result in immediate suspension of membership privileges.

Member agrees that this authorization is binding and irrevocable.

AUTHORIZED SIGNATURE: _____ **DATE:** _____
(Bank Draft/Credit Card)

Call the Family Y for more information 226-8981