



**SHIAWASSEE FAMILY YMCA
CORPORATE MEMBERSHIP APPLICATION
Owosso Public Schools**

Business Name and Year

CONTACT INFORMATION

Your Name _____ Date of Birth _____

Address: _____ City _____ State _____ Zip _____

Preferred Telephone _____ Email Address _____

Emergency Contact _____ Relationship _____ Telephone _____

Payment Options

Please circle membership type and payment preference

TYPE	<u>NORMAL YEAR RATE</u>	<u>CORPORATE YEAR RATE</u>	<u>MONTHLY DRAFT</u>	<u>PAYROLL</u>
Adult	\$432.00	\$372.00	\$31.00	\$19.58
Family with/1 Adult	\$516.00	\$444.00	\$37.00	\$23.37
Family with//2 Adults	\$588.00	\$504.00	\$42.00	\$26.53

Payroll Deduct is based on 19 pay periods. Monthly Draft is based on 12 monthly drafts.

Joiner's Fee: \$65.00 New members (or membership lapsed for 60 days) pay a one-time initiation fee to join the YMCA. This non-refundable fee is designated to capital improvements.

FAMILY MEMBERS

Name	Birth Date	Gender	Employer (if applicable)
1. _____	_____	M F	_____
2. _____	_____	M F	_____
3. _____	_____	M F	_____
4. _____	_____	M F	_____
5. _____	_____	M F	_____

BANK DRAFT PAYMENT

Your next monthly draft will be \$ _____ on the 17th of _____ (Please select) *Checking Savings Credit Card*

BANK DRAFT PAYMENT PLAN IS A CONTINUOUS MEMBERSHIP AND IT WILL CONTINUE UNLESS THE YMCA IS NOTIFIED IN WRITING 30 DAYS PRIOR TO NEXT DRAFT Members Initials: _____

Membership rates are subject to change and you will be notified in writing prior to any membership adjustments

I will notify the YMCA of any change in my bank account or credit card

I will notify the YMCA of any change in my home address or phone number

I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment PLUS a \$25.00 service fee assessed by the YMCA. This is 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. Members Initials: _____

Bank Name _____ Routing # _____ Account # _____
(or)

Credit Card # _____ Visa Mastercard (circle please)

Expiration Date _____ 3 Digit Security Code _____

Authorized Account Signature _____ **Date** _____

