

YMCA of Georgia's Piedmont Membership Card



Last Name: _____
 First Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Birth Date: _____ Gender: M / F
 Home Phone: _____
 Alt Phone: _____

Additional Family Members:

Last Name: _____ Last Name: _____
 First Name: _____ First Name: _____
 Birth Date: _____ Birth Date: _____
 Gender: M / F Gender: M / F

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 Birth Date: _____ Birth Date: _____
 Gender: M / F Gender: M / F

Last Name: _____ Last Name: _____
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 Gender: M / F Gender: M / F

*Family members claimed under a family membership must be under the age of 21 still living in the home and claimed for tax purposes by the head of the household, or in custodial care by legal guardians. ID is required.

YMCA BANK DRAFT MEMBERSHIP AGREEMENT

1. Bank draft membership are a continuous plan and will stop only when a request is received in writing by the YMCA Membership Director.
2. It is to my complete understanding that if I wish to terminate **I MUST GIVE THE YMCA 30 DAYS WRITTEN NOTICE.**
3. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 4 weeks notice prior to any such changes.
4. Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for payment to the YMCA plus a \$25.00 service charge applied by the YMCA. This is in addition to any service fee my bank may charge.

Signature of Bank Depositor _____

I hereby authorize the YMCA of Georgia's Piedmont to debit my bank account at _____ for monthly membership payments as shown below. I understand and agree to the terms of a Bank Draft membership as indicated by signing above.

Bank Depositor name if different (Please Print)

Date of Monthly Withdrawal: 1st 15th Monthly Payment: _____	Type of Membership: _____ Amt Paid: _____ Staff Initials: _____
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