

# WESTWOOD YMCA

## FAMILY MEMBERSHIP

Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

**Father's** Place of Business \_\_\_\_\_ Work# \_\_\_\_\_

Email Address \_\_\_\_\_ Cell# \_\_\_\_\_

**Mother's** Place of Business \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

### Members: Must reside in the same household

1. **Father's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

2. **Mother's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

3. **Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

4. **Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

5. **Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

6. **Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

7. **Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

8. **Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

How did you hear about the YMCA?

Please check one)

- Direct Mail
- Newspaper
- Friend
- YMCA
- Drive by - Live in area
- Other \_\_\_\_\_



### OFFICE USE ONLY

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ MemberST \_\_\_\_\_ Car Passes \_\_\_\_\_ Guest Passes \_\_\_\_\_ Program Book \_\_\_\_\_

LAST NAME \_\_\_\_\_

**Westwood YMCA  
Family Membership Payment Agreement**

I/We agree to pay the monthly fee of \$18.00 to be drafted on the 1<sup>st</sup> of each month  
(Balance due upon cancellation within the first year, 12 drafts)  
Your membership/draft is continuous until you decide to cancel it. Cancellation must be submitted in writing.

I/We wish to participate in one of the *Express Payment Plans* (choose one):

**Express Payment Plan**

\_\_\_\_\_ **Bank Draft** (monthly draft from checking or savings account)

Option I

\_\_\_\_\_  
PRINT NAME ON THE ACCOUNT

\_\_\_\_\_  
ROUTING & ACCOUNT# *Please attach VOIDED check*      Checking \_\_\_\_\_ Savings \_\_\_\_\_  
(Check One)

\_\_\_\_\_  
NAME OF BANK

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_ **Credit Card** (monthly charge to credit card) **Visa, Mastercard, Discover or American Express**

Option II

\_\_\_\_\_  
CREDIT CARD TYPE      CREDIT CARD #      EXP DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**OR**

**Direct Payment Plan**

\_\_\_\_\_ **Cash/Check**

Option III

I do not wish to participate in the *EXPRESS PAYMENT PLAN* at this time.  
I wish to pay \$216 in full

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_ **Credit Card** (Full charge to credit card) **Visa, Mastercard, Discover, or American Express**

Option III

\_\_\_\_\_  
CREDIT CARD TYPE      CREDIT CARD #      EXP DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE