

MEMBERSHIP AGREEMENT

How did you hear about the YMCA: Member Mailing Website Other

Greater Lowell Family YMCA

35 YMCA Drive
Lowell, Ma 01852
1-978-454-7825

<http://www.greaterlowellymca.org>



JOIN DATE _____ MEMBER # _____ MEMBER TYPE _____

TYPE OF MEMBERSHIP: New Renewal Conversion Other

NAME: _____ DOB ____/____/____ MALE FEMALE

HOME ADDRESS _____ APT. # _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE:(____) _____ BUSINESS PHONE (____) _____

EMERGENCY CONTACT (____) _____ E-MAIL _____

FAMILY MEMBERS TO BE INCLUDED ON MEMBERSHIP

SPOUSE: _____ DOB ____/____/____ M F SUFFIX _____

CHILD: _____ DOB ____/____/____ M F SUFFIX _____

CHILD: _____ DOB ____/____/____ M F SUFFIX _____

CHILD: _____ DOB ____/____/____ M F SUFFIX _____

CHILD: _____ DOB ____/____/____ M F SUFFIX _____

ENROLLMENT FEE UP TO \$ 75.00/PROGRAM/YOUTH MEMBERSHIPS Enrollment fee is due and payable at the time of joining the YMCA for new members. You agree that the Enrollment fee/Program/Youth Membership fee will be non-refundable. Also, should I cancel and return after a period of more than 60 days, I may be recharged that enrollment fee upon return to The Greater Lowell Family YMCA _____.

BILLING FOR MONTHLY DUES. By signing this agreement, you have authorized the YMCA to bill your account for your monthly dues through Electronic Fund Transfer by pre-authorized check or credit card charge. Your membership agreement will continue to be billed on a month-To-month basis unless _____ **30 days notice of cancellation is dropped off/sent certified (30 days prior to the charge date of**

of the month that you wish to discontinue) mail to YMCA 35 YMCA Drive Lowell, MA 01852. Due to the YMCA's monthly billing cycle, EFT memberships will only expire on the 1st or 15th of the month depending on your initial start date. If the YMCA is unable to collect monthly dues for any reason, the YMCA will impose an administrative fee of \$25.00. **Your account will be billed on or shortly following the 1st 15th of each month beginning _____/_____ for the amount of _____.** Monthly rates are subject to a cost of living increase yearly, which will be no less that 1% and no more than 4%. Where automatic charges have been authorized, we will assume any rate changes are accepted by the member unless we are notified in writing.

THE YMCA WILL BILL YOUR VISA M/C AMEX CHECKING OTHER

A Copy of the Credit Card or a voided check will be required (no starter checks accepted). It is my responsibility to issue updated draft information to the **YMCA** for my credit/debit/checking account should the account numbers or expiration date change. _____.

Enrollment Fee \$ _____ + 1st Month \$ _____ = \$ _____

I HAVE READ AND ACCEPT THE TERMS OF THE PAYMENT AUTHORIZATION

SIGNATURE OF APPLICANT

PAID IN FULL MEMBERSHIP START DATE _____ EXPIRATION DATE _____

Enrollment Fee \$ _____ + Membership Fee _____ = \$ _____

1/4ly PAYMENT PLAN _____ I agree that I will make an initial payment equal to ¼ of the membership cost + enrollment fee of \$ _____ at the start of the membership and the remaining balance renewed every three months for a total of four payments.

Scholarship Agreement I agree to make a payment of _____ each month for a period of _____ months unless a cancellation notice is submitted to the Membership Director 30 days prior to intent to cancel. _____. Should I fail to make three consecutive payments, The membership will be terminated and I will be responsible for these payments _____.

Liability Waiver: The undersigned ("member"), by tendering this application, agrees to abide by all the rules and regulations of the YMCA now in effect or to become effective in the future. Copies of such rules shall be posted within the facility, in a conspicuous location. Inappropriate behavior by a member or by a member's guest may result in suspension or termination of that member's membership for any reason whatsoever. In addition YMCA may refuse for any reason the renewal of any member's membership.

It is expressly agreed that the use of the Greater Lowell Family YMCA's facilities and premises (including but not limited to parking areas, walkways etc.) shall be undertaken by the member at his or her sole risk and The Greater Lowell Family YMCA shall not be responsible or liable for loss or damage to any other property of members or their guests, including but not limited to their automobiles and contents. It is also agreed that damages to The YMCA facilities or properties, or to the properties of any member by another member or their guest, is the sole responsibility of the offending member.

The Greater Lowell Family YMCA reserves the right to close the facility on specific holidays (to be posted) as well as portions of the facility for maintenance and/or renovation.

"CONSUMERS RIGHT TO CANCELLATION" You may cancel this contract at any time by submitting a written notice of your intent to cancellation to be sent by certified or REGISTERED MAIL within thirty (30) days of the date of this contract or the date of your receipt to **YMCA Member Services, 35 YMCA Dr. Lowell, MA 01852.**

"ADDITIONAL RIGHTS TO CANCELLATION" You may also cancel this contract if upon doctor's written orders you cannot physically receive the services because of a medical disability for a period in excess of more than 30 days.

I have read and understand the above guidelines _____ Date: _____
Signature of Applicant