



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Y in Central Maryland • It's deeper here®

Membership Change Form

Today's Date: _____

Primary Member Name: _____ Phone #: _____

Current membership type: ☐ Individual (age 13-24) ☐ Individual (age 25-64) ☐ Two Person Household
☐ Family ☐ Senior Adult ☐ Senior Family

The Information below is the information I would like to change (check all that apply):

☐ Change Membership type to: ☐ Individual (age 13-24) ☐ Individual (age 25-64) ☐ Two Person Household
☐ Family ☐ Senior Adult ☐ Senior Family

☐ Change Primary Member to: _____

☐ Change EFT/credit card information (Complete reverse side)

☐ Change Address to: _____

☐ Change Phone Number to: _____

☐ Delete Family Member: (only if they no longer live in the household)
Name: _____

☐ Add Family Member:

Name: _____

Birth date: _____ Gender: M / F (circle one)

Name: _____

Birth date: _____ Gender: M / F (circle one)

Name: _____

Birth date: _____ Gender: M / F (circle one)

Name: _____

Birth date: _____ Gender: M / F (circle one)

☐ Change Emergency Contact to: Name: _____
Phone: _____
Relationship: _____

Please note the membership definitions before changing membership type and/or adding & removing family members. This change form also takes 30 days to process and in some cases there may be a Gap Fee due.

Member Signature: _____ Date: _____

Office Use Only: Member Number _____ MSR Initials _____

EFT Change Authorization

BANK DRAFT / EFT ACTIVITY AUTHORIZATION

Membership Type _____ Billing Method _____ Begin Date ____/____/____

Pro-rated Membership Dues \$ _____ + Enrollment Fee \$ _____ = Total Down Payment Today \$ _____

Monthly Annual Giving Amount \$ _____ TOTAL Monthly EFT Amount \$ _____/per month

Date to be Drafted Each Month ☐ 1st ☐ 15th Name of Card Holder/Bank Customer _____

BANK DRAFT ☐ Checking Account ☐ Savings Account | ELECTRONIC FUNDS TRANSFER ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Bank Transit Routing Number _____

CC Account Number _____

Account Number _____

Expiration Date _____ Security Code _____

TO THE Y IN CENTRAL MARYLAND (herein referred to as the Y): I have given my authority to the above named bank/credit card company to honor preauthorized drafts drawn by the Y on my account for the activity payments indicated above. It is understood that the Y's transmission of a preauthorized draft to the bank as payment becomes due and shall constitute valid notice of such payment due on the above named activity. When the bank/credit card company honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank/credit card company when received by them, then it is understood that the payment is to be made by me within 15 days in the amount of said payment plus a service fee of \$25 applied by the Y. Bank Draft/Electronic Fund Transfer (EFT) for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination and that I will receive temporary cards for the balance of the time I have paid or will be paying. Bank Draft / EFT for a charitable contribution is not a continuous plan. I understand that payment withdrawals will remain in effect until I have paid the full balance of my contribution. Thereafter, the bank draft / EFT will stop.

Signature of Account Holder

Date

Signature of Parent or Guardian (if under 18)

Date

Bank Draft / EFT Membership / Charitable Contribution Agreement

1. I understand the Bank Draft/EFT for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination and that I will receive temporary cards for the balance of the time I have paid or will be paying. I further understand that **all account information changes must be given to the Y with 30 days written notice in advance** of the date I want the change to occur.
2. The Y in Central Maryland Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least thirty (30) days notice prior to any such changes.
3. The Y service charge is in addition to any service fee my bank may take. I understand that the draft may be resubmitted to my bank at the next available Y draft date to collect for that draft payment.
4. A check must be presented if you are signing up and your dues will be coming out of your checking account. Y staff will verify the account number and routing number and will return the check to the member.
5. I understand that after one unpaid draft, the Y will immediately terminate my membership and/or charitable contribution until I have brought all payments up to date.

INITIALS _____

Bank Draft / EFT Cancellation Policy

After the first 30 days of Bank Draft / EFT for membership and/or charitable contribution, you may appear in person to cancel the remainder of your bank draft / eft agreement at any time **by giving the Y written notice 30 days in advance of the date you want to cancel**. All fees paid for membership, including joining fees are non-refundable. If termination of your bank draft / EFT agreement also ends your membership activity, you must complete a membership termination form.

INITIALS _____

Picture Waiver

I give my permission to the Y in Central Maryland to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting or interpreting Y programs.

INITIALS _____

Membership Handbook

I understand that the Y in Central Maryland Member Handbook is available on ymaryland.org and I agree that I and those on my membership account will follow the policies and procedures outlined in the handbook, including the Y's policies on denying membership to registered sex offenders.

INITIALS _____

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

Signature of Member or Parent/Guardian (if under 18)

Date