



# YMCA OF ORANGE COUNTY

Orange County • Riverside County • San Gabriel Valley • Pomona Valley

## Membership Policies

Name: \_\_\_\_\_

Draft Amount: \_\_\_\_\_

- Membership Type:**
- Adult                       Couple                       Family                       Student                       Single Parent Family (HB Only)
  - CC/AGFamily                       Employee                       Huntington Beach All Access                       Silver & Fit                       Silver Sneaker
  - GlucoFitFamily                       GlucoFitSenior                       GlucoFitAdult                       GlucoFitCouple                       Active & Fit

Account Type:                       Checking/Savings                       Credit Card                      First Draft Date: \_\_\_\_\_

**Please Read and Initial Each Section Below.**

1. **\*\*Your membership will continue until you cancel (or at the expiration of your chosen membership term, if applicable), subject to YMCA's policies, procedures, and rules described on both sides of this form.**  
\_\_\_\_\_ Initial
2. Please present your Membership card each time you enter a YMCA branch. If you do not have your Membership card, a valid form of identification with your picture and date of birth on it is required.  
\_\_\_\_\_ Initial
3. **\*\*The Joining Fee is non-refundable and required for membership. If a membership has lapsed or canceled, the full Joining Fee MUST be paid upon return.**  
\_\_\_\_\_ Initial
4. **\*\*Cancellation Policy: The YMCA requires a 5-day written notification, via mail, email at [membershipforms@ymcaoc.org](mailto:membershipforms@ymcaoc.org) or in person to your residing branch, prior to the next draft date (1<sup>st</sup> of every month) to cancel your facility membership. If a 5-day notice is not given, your full membership due amount will draft as scheduled. Cancellations by phone are not permitted.**  
\_\_\_\_\_ Initial
5. Bank drafts are continuous every month, regardless of use of the branch, until the proper change procedure is followed. If, for any reason, your check or electronic bank draft is returned, the following fees could be incurred: \$25.00 by the YMCA, \$25.00 from the collection agency, and your own bank's overdraft fee. The YMCA is not responsible for any collection fees assessed by individual banking centers or collection agencies.  
\_\_\_\_\_ Initial
6. Members are encouraged to bring guests. Each guest may receive one complimentary visit. Additional visits are \$12.00 each. All guests must provide a valid photo ID with date of birth upon visiting. All guests are required to take a tour of the facility and complete a Waiver of Liability form.  
\_\_\_\_\_ Initial
7. **\*\*Membership fees are subject to change and you will be notified in advance of the adjustment to be made.**  
\_\_\_\_\_ Initial
8. By participating in the YMCA Nationwide Membership Program (the "Program"), I agree that YMCA of Orange County may share my YMCA membership information (e.g., [name, address, telephone number, e-mail address, date of birth and membership status]) with the National Council of Young Men's Christian Associations of the United States of America and its independent and autonomous member associations in the United States and Puerto Rico (collectively, "Y-USA") for purposes of my participation in the Program. I also agree to release YMCA of Orange County and Y-USA from claims of negligence for bodily injury or death in connection with the use of YMCA of Orange County and Y-USA facilities, and from any liability for other claims, including loss of property, arising out of or attributable to my participation in the Program, to the fullest extent of the law.  
\_\_\_\_\_ Initial

**Refund Policy**

Refunds are given only in the case of a fee charged in error. If original payment was made via check or cash, the refund will be processed via check through our Association Office. This process takes up to two (2) weeks to complete. If original payment was made via credit card, the refund will be credited to that card.

**I understand the above information and agree to abide by all policies and procedures set forth by the YMCA of Orange County (rates are subject to change). Please see Rules on reverse side of this form. A copy of this completed form will be provided to you for your retention.**

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Joining Fee: \$ \_\_\_\_\_

Prorate: \$ \_\_\_\_\_ **\*\*Recurring Charges:** \$ \_\_\_\_\_ Initial Payment Due: \$ \_\_\_\_\_

If being paid by another person's account: I, \_\_\_\_\_, authorize the YMCA of Orange County to debit my card/bank account for the membership dues associated to the above-named person's account. Initial: \_\_\_\_\_

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This section needs to be cut and shredded after information has been entered!

**EFT Authorization\* - Required for Facility Membership**

**Option 1: Bank Account (Please attach copy of voided check)**

Bank Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**Option 2: Credit Card**

Credit Card Type:  Visa  Master Card  AmEx  Discover                      Name on Card: \_\_\_\_\_

Credit Card Account #: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

**Please add:  \$2  \$5  \$10  Other: \$ \_\_\_\_\_ to my monthly draft to support the YMCA of Orange County's charitable mission.**