



MEMBER TO COMPLETE

*We're More than a gym.
We are a Cause.*

MEMBER (payer)	
EMAIL (required)	
ADDRESS	
CITY	POSTAL CODE
PHONE NUMBER	
ALTERNATE PHONE NUMBER	
EMERGENCY CONTACT	PHONE

FAMILY MEMBER INFORMATION	GENDER	DATE OF BIRTH
PAYER NAME	M/F	DD/MM/YY
NAME	M/F	DD/MM/YY
NAME	M/F	DD/MM/YY
NAME	M/F	DD/MM/YY
NAME	M/F	DD/MM/YY

MEMBERSHIP AGREEMENT

Full details on payment options, holds, member behavior, refunds and cancellations (see reverse) are available in the Member Handbook at the YMCA or www.cbymca.com

I agree:

- Membership is continuous and payments will not stop until I notify the YMCA in writing.
- Ongoing membership requires a minimum of three full month payments withdrawn on the 1st of each month.
- Failure to use the membership does not constitute cancellation or reason for a refund.
- To consult a physician before starting an exercise program.
- Use of a membership card by someone other than the card holder will result in membership cancellation.

YMCA STAFF TO COMPLETE

- New Member
- Returning Member
- Payment Info. Change

Membership Type

- Child Student Adult
- Couple Family 60+

Membership Term

- Week Month
- Year Ongoing

Prorated Amount	
Membership Rate	
Facility Enhancement Fee +	
Total \$	
Monthly Ongoing Payment	
Payment Type	<input type="radio"/> Credit Card <input type="radio"/> EFT (Void Cheque Attached)

NOTE: _____

Thank you for joining the YMCA family!

I agree to the payment terms, the above Member Agreement and YMCA policies as stated in the Member Handbook.

Member Signature

Date

Staff Signature