

## Payment Authorization Agreement

### Automatic Bank Draft

\_\_\_\_\_ I understand that if my bank draft is declined for any reason in a given month, there will be a \$30 service fee  
Member \_\_\_\_\_ in addition to the monthly membership fee. This must be taken care of by the 20<sup>th</sup> of said month to avoid  
Initials \_\_\_\_\_ termination of membership. **If terminated there will be a \$25 reinstatement fee.**

- Checking – Copy of Check Required (bank deposit slips DO NOT provide the appropriate data needed for an EFT.)  
 Saving – Please obtain appropriate routing/account data from bank as savings as savings deposit slips DO NOT provide the appropriate data needed for an EFT.

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Debit/Credit Card

\_\_\_\_\_ I understand that there will be an added convenience fee for credit card drafts. Convenience Fee: \_\_\_\_\_  
Member \_\_\_\_\_ If my credit card is declined for any reason in a given month, there will be a \$30 service fee  
Initials \_\_\_\_\_ in addition to the monthly membership fee. This must be taken care of by the 20<sup>th</sup> of said month to avoid  
termination of membership. **If terminated there will be a \$25 reinstatement fee.**

I hereby authorize the Bedford Area Family YMCA to initiate an Electronic Fund Transfer (EFT) from my:  
 Visa  Master Card  Discover

Name of Card Holder: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_  
Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Annual Giving Campaign

Charitable contributions from our community enable us to open our doors and hearts to all those in need. Our promise to our community is that everyone has access to the incredible programs and services that the Y has to offer regardless of their ability to pay. You can help make this a possibility for someone less fortunate.

I hereby authorize an additional \$\_\_\_\_\_ to be deducted each month to help provide financial assistance to those in need.

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE:** The Bedford Area Family YMCA is a 501(c) 3 organization and all donations are tax deductible.

## Release of Liability

In consideration of gaining membership or being allowed to participate in the activities and programs of the Bedford Area Family YMCA and to use its facilities, equipment, and machinery and in addition to the payment of any fee or charge, I do hereby agree to save protect defend and hold the Bedford Area Family YMCA harmless for any and all liability including reasonable attorney's fees for any damage to my property resulting from my membership and participation in programs and activities located on the property of or sponsored by the Bedford Area Family YMCA. **Signed COVID Waiver:** \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y Staff Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## For Office Use Only

Payment Method:  Credit/Debit Card Draft  Bank Draft  Paid in Full Join Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Term:  Monthly Draft  Annual  Semi-Annual  Quarterly

### Membership Type

- Adult  Senior Adult  Household  Couple  
 Young Adult  Youth  Fire Department  
 Bedford County Employee w/Piedmont Ins.  
 Virginia Premier  Military  City Police  Employee

### Options

- Financial Assistance ( \_\_\_\_\_%)  
 Gift Certificate  Household Add-on  
 Centra Adult  Centra Household  
 Convenience Fee \$ \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Draft/Monthly Fee: \$ \_\_\_\_\_ Pro-Rated: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

First Draft Will Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Membership Application

### Notice:

Any person who supports the purpose and mission of the Y may become a member of this corporation in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and provided they remain current with dues and are compliant with all Y rules, regulations, and guest obligations, whereupon the membership could be terminated.

### If member applicant is under 18, parent/guardian must sign and initial application.

(Please print clearly)

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Household Email: \_\_\_\_\_

Preferred Contact Method:  Mail  Phone  E-mail

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  U

Ethnicity:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say

Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

Total number of people in household: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

### Draft date:

### What type of membership are you applying for?

**\*\*All Memberships are assessed a \$20 Maintenance fee on June 1<sup>st</sup> of each year. Memberships joining after June 1<sup>st</sup> will pay a prorated amount.\*\***

- 1<sup>st</sup> of the month  
 3<sup>rd</sup> of the month

- Household (2 adults and dependents in same household)  
 Couple (must be in same household)  
 Senior Adult (ages 65 and up)

### Invoice:

- Quarterly  
 Semi-Annual  
 Annual

- Adult (ages 24 - 64)  
 Young Adult (ages 19-23)  
 Youth (ages 18 and below)  
 Centra Health and Wellness Program: Adult / Family

### Emergency Contact

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

**New Members under 18 MUST sign up for a free fitness orientation, but ALL are recommended. Would you like to schedule your orientation now?**  YES  NO

## Spouse / Parent / Guardian (if youth membership)

### Verification of Address and Dependent Status Is Required

(Please print clearly)

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  U

Ethnicity:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say

Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Last Name

First Name

**1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  U  
 Ethnicity:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say  
 Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  U  
 Ethnicity:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say  
 Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**3** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  U  
 Ethnicity:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say  
 Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**4** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  U  
 Ethnicity:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say  
 Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**5** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  U  
 Ethnicity:  African American  Asian/Pacific Islander  Spanish/Hispanic  Rather not say  
 Race:  Caucasian/White  Native American  Other: \_\_\_\_\_

**Sworn Statement or Affirmation**

1. Has applicant or any member of applicant's household, if applying for Household Guest Pass to include only those household members applying for the Guest Pass, ever been charged with, pled guilty to, entered a no contest plea to, had a matter taken under advisement, or been convicted of a violent crime against another person?  YES  NO If yes, provide the following and supporting documentation:

- State, Community, City where charge filed
- Date of disposition
- Court of disposition
- Court's disposition of such charges

2. Has applicant or any member of applicant's household, if applying for Household Guest Pass to include only those household members applying for the Guest Pass, ever been charged with, pled guilty to, entered a no contest plea to, had a matter taken under advisement, or been convicted of any charge involving sexual assault or abuse?  YES  NO If yes, provide the following and supporting documentation:

- State, Community, City where charge filed
- Date of disposition
- Court of disposition
- Court's disposition of such charges

3. Is applicant or any member of applicant's household, if applying for Household Guest Pass to include only those household members applying for the Guest Pass, a registered sex offender in any jurisdiction within or outside of the United States of America?  
 YES  NO  
 Has applicant or any member of applicant's household who would be participative in a Household Guest Pass, ever been a registered sex offender?  
 YES  NO

4. Has applicant or any member of applicant's household, if applying for Household Guest Pass to include only those household members applying for the Guest Pass, ever been the subject of a founded complaint of child abuse or neglect or elder abuse or neglect, with the Commonwealth of Virginia?  
 YES  NO  
 If yes, provide DSS Sworn Statement

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

\_\_\_\_\_  
 Guest Signature (Parent/Legal Guardian if under 18)

\_\_\_\_\_  
 Date

**Code of Conduct**

- The Bedford Area Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at all times when they are in our facility or on our property or participating in our programs
- We expect persons using the Bedford Area Family YMCA to behave in a mature and responsible manner, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct
- Prohibited actions specifically include:
  - Angry or vulgar language; includes swearing, name-calling or shouting
  - Inappropriate attire. Appropriate attire must be worn at all times
  - Physical contact with another person in any angry or threatening manner or any unwanted contact
  - Any demonstration of sexual activity or sexual contact with another person
  - Harassment or intimidation by words, gestures, body language or any menacing behavior
  - Theft or behavior that results in the loss or destruction of property
  - Carrying or concealing any weapons or devices or objects that may be used as weapons
  - Using or possessing illegal substances or alcohol on Bedford Area Family YMCA property
  - Any other conduct of any inappropriate, threatening or offensive nature
- Loitering is not permitted in or outside of the Bedford Area Family YMCA facility
- Smoking is not permitted in or outside of the Bedford Area Family YMCA. The Bedford Area Family YMCA and its property is a smoke-free environment
- Members and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their safety or comfort to refrain from such conduct. If a member or guest feels uncomfortable in confronting the person directly, they should report the behavior to Y staff. Members and guests should not hesitate to notify Y staff if assistance is needed
- In order to be able to carry out these policies, members and guests are required to identify themselves to Y staff and/or Y Board members when asked

The Executive Director will investigate all reported incidents. Suspension or termination of Y membership privileges may result from a determination by the Executive Director, and/or Board of Directors, if in their discretion a violation of the Bedford Area Family YMCA Code of Conduct or other established YMCA rules, has occurred.

I have read, understand, and agree to comply with the Bedford Area Family YMCA Code of Conduct, all other established YMCA rules, and the Y's Guest Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Terms and Conditions**

\_\_\_\_\_ Member Initials  
 I understand that this is an on-going membership payment plan. I understand that if I wish to terminate my membership for any reason, I may do so by giving the Bedford Area Family YMCA a written **30-day notice**.

\_\_\_\_\_ Member Initials  
 I understand that all membership fees that are paid are non-refundable and non-transferable. Memberships are paid by monthly draft, quarterly, semi-annually, or annually. I understand that because of the increased expense, a \$3 per month fee will be added to the **quarterly and semi-annual** billing options.

\_\_\_\_\_ Member Initials  
 I understand that if I cancel my membership for any reason, I can rejoin the Y at any time provided I was a member in good standing at the time of cancellation and otherwise meet all membership criteria. There will be a \$25 reinstatement fee each time I reinstate my membership. I understand that I can place my membership on hold for **medical reasons only with proper documentation**.

\_\_\_\_\_ Member Initials  
 I understand the Y recommends a doctor's approval to exercise if I or any participating household member is experiencing any medical conditions or using any medications.

\_\_\_\_\_ Member Initials  
 I give my permission to the Y to use photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting Y programs or activities.

\_\_\_\_\_ Member Initials  
 I understand that in the event, I or any member of my household cause damage to the Y property, facility, or equipment by reason of misuse, abuse, or willful act, I shall be responsible for the cost of repair or replacement.

\_\_\_\_\_ Member Initials  
 I understand that any member who is directed to leave the YMCA real property or facility for violation of the Code of Conduct, other facility rules or for any other justified reason and refuses to leave shall be deemed to be trespassing.

The Bedford Area Family YMCA Board of Directors may, at its discretions, adjust the monthly rate applicable to my category of membership. I understand that I will receive notice at least three (3) weeks prior to any such change and in the event of an increase in my monthly fee, I have the opportunity to terminate this agreement at that time.