

Annual Support Campaign
The Robert Kaulum Memorial Scholarship Fund

The YMCA of the Northwoods believes in providing membership services to all who desire to participate in the Y. The financial assistance program, supported through contributions to the Annual Strong Kids Campaign, provides funds for those in need within our available resources. Please consider adding a donation to your membership fees to help the Y in its mission of putting Christian principles into practice through programs that build healthy, spirit, mind and body for all.

Please add \$ _____ to my monthly bank draft. Please add \$ _____ to my total membership payment.

Signature _____

Date _____

**AUTHORIZATION TO HONOR ACH DEBITS OR DRAFTS OR CREDIT CARDS
BY THE YMCA of the NORTHWOODS for MEMBERSHIP PAYMENTS**

1. I, the undersigned, authorize the financial institution, designated hereon to pay the YMCA of the Northwoods and charge to the credit card or account(s) identified on the attached deposit slip(s) or voided check(s) on a monthly basis. I understand that my credit card or account(s) identified will be debited on the 1st or 15th of the month (depending on when sign-up occurs) to pay my membership for the following month. **I understand my Y membership via bank or credit card draft or is a monthly commitment and will automatically be withdrawn every month unless I notify the Y in writing 30 days prior to my draft date.**

Signature: _____ **Date:** _____

2. In the event that I cancel my membership, I understand that I must turn in all membership cards, that I will receive temporary cards for the balance of the time I have paid or will be paying, and that one more monthly payment will be withdrawn from my account before my membership is considered terminated. **Initial** _____
3. In the event my bank/credit card company does not honor my membership draft, I understand that I am still responsible for that payment to the Y and for any service fee imposed by my bank. If more than two bank draft/credit card transactions are returned on my account, I realize that my bank draft privileges will be revoked and I am responsible for the remaining balance due on my membership payable by cash only. **A \$25.00 service fee will be charged on any returned bank draft or credit card transaction. No program sign up will be allowed until payments are received.** **Initial** _____
4. TERMS-Upon expiration of the initial term, this agreement shall automatically renew at the then current rates for successive one-month terms until such time as either party shall deliver thirty (30) days written notice of termination prior to the expiration date of the then current term. **Initial** _____
5. I understand that all payments are non-refundable. **Initial** _____

Membership Type: Youth Adult College Family Short-term Corporate Scholarship Silver Sneakers

Transactions: Join Date ____/____/____

Joiner's Fee \$ _____

Payment Options:

Strong Kids Campaign \$ _____

Annual Full Pay \$ _____

Transitional \$ _____

Continuous Bank Draft \$ _____

Scholarship Amount \$ _____

Corporate Name _____

Silver Sneakers \$ _____

Payroll Deduct

Staff Initials: _____

I agree to the above membership dues. Signature _____ Date: _____

Attach voided check here

Staff Initials/Date:

Entered into system: ____/____/____ *Noted unit if necessary:* ____/____/____ *Verified by:* ____/____/____