



# YMCA OF CATAWBA VALLEY

## Corporate Membership Draft Authorization

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

### Membership Information

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ Gender\* M F

Address\* \_\_\_\_\_ Email \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_

Employer \_\_\_\_\_

<b>Membership Type*:</b>	Young Adult (ages 19-25)	Adult (ages 26-62)	Senior Adult (age 62+)
	Family	Family w/out Dependents	Senior Family

### Waiver/Draft Authorization

#### Part 1:

I authorize the YMCA of Catawba Valley to draft my account by the payment method below:

<b>Bank Draft</b> (Attach Voided Check)	<b>Draft Date:</b>	<b>1st of month</b>	<b>15th of month</b>
<b>Credit/Debit Card Draft</b> (Attach Card Info) (\$2.00 processing fee applied)	<b>Draft Date:</b>	<b>1st of month</b>	<b>15th of month</b>

1. I understand no refunds are given. I must check my bank statements and notify the YMCA of Catawba Valley of any discrepancies within 60 days.
2. The YMCA Board of Directors may adjust the monthly membership fees at any time. A 30-day notice of rate change will be mailed.
3. Should any membership drafts not be honored by my bank for any reason, I realize I am still responsible for that payment in addition to my bank's service fees.
4. Any payment returned by the bank unpaid will be collected by our third-party collection agency and an additional service charge will be applied.

Account Holder Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2:** In consideration with gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility for liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment.

*I verify that all of the information I have provided is accurate and that I have read and understand Part 2.*

\_\_\_\_\_  
**Signature**  
(Employee)

\_\_\_\_\_  
**Parent's Signature**  
(If under 18 and is the primary account holder)

\_\_\_\_\_  
**Date**