



**SHIAWASSEE FAMILY YMCA  
CORPORATE MEMBERSHIP APPLICATION**  
Owosso Public Schools  
**Business Name and Year**

**CONTACT INFORMATION**

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Preferred Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**Payment Options**

**Please circle membership type and payment preference**

<b>TYPE</b>	<b><u>NORMAL YEAR RATE</u></b>	<b><u>CORPORATE YEAR RATE</u></b>	<b><u>MONTHLY DRAFT</u></b>	<b><u>PAYROLL</u></b>
<b>Adult</b>	<b>\$432.00</b>	<b>\$367.20</b>	<b>\$30.60</b>	<b>\$19.33</b>
<b>Family with/1 Adult</b>	<b>\$516.00</b>	<b>\$438.60</b>	<b>\$36.55</b>	<b>\$23.09</b>
<b>Family with//2 Adults</b>	<b>\$588.00</b>	<b>\$499.80</b>	<b>\$41.65</b>	<b>\$26.31</b>

Payroll Deduct is based on 19 pay periods. Monthly Draft is based on 12 monthly drafts.

Joiner's Fee: \$65.00 New members (or membership lapsed for 60 days) pay a one-time initiation fee to join the YMCA. This non-refundable fee is designated to capital improvements.

**FAMILY MEMBERS**

Name	Birth Date	Gender	Employer (if applicable)
1. _____	_____	M F	_____
2. _____	_____	M F	_____
3. _____	_____	M F	_____
4. _____	_____	M F	_____
5. _____	_____	M F	_____

**BANK DRAFT PAYMENT**

Your next monthly draft will be \$ \_\_\_\_\_ on the 17<sup>th</sup> of \_\_\_\_\_ (Please select) *Checking Savings Credit Card*

BANK DRAFT PAYMENT PLAN IS A CONTINUOUS MEMBERSHIP AND IT WILL CONTINUE UNLESS THE YMCA IS NOTIFIED IN WRITING 30 DAYS PRIOR TO NEXT DRAFT Members Initials: \_\_\_\_\_

Membership rates are subject to change and you will be notified in writing prior to any membership adjustments

I will notify the YMCA of any change in my bank account or credit card

I will notify the YMCA of any change in my home address or phone number

I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment PLUS a \$25.00 service fee assessed by the YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid. Members Initials: \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_  
(or)  
Credit Card # \_\_\_\_\_ Visa Mastercard (circle please)  
Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

**Authorized Account Signature** \_\_\_\_\_ **Date** \_\_\_\_\_