



Walla Walla YMCA

WHITMAN COLLEGE
CORPORATE MEMBERSHIP APPLICATION

- checkbox New
checkbox Current Member
checkbox Add
checkbox Drop
checkbox Cancel

Date:
Cash in Full: \$
Payroll Deduction: \$
12 Month Schedule
9 Month Schedule

MID / PID # MEMBERSHIP CODE GROUP ID 0011

Form fields for member information: Last Name, First Name, Casual Name, Birth Date, Mailing Address, Home Phone, City, State, Zip, Cell Phone, Email Address, Work Phone, Emergency Contact, Emergency Contact Phone Number, Member's Employer/School, Preferred Method of Contact (checkboxes for Home Phone, Cell Phone, Work Phone, Email, Mail).

ADDITIONAL FAMILY MEMBERS TO BE INCLUDED ON MEMBERSHIP

SPOUSE: Form fields for spouse information: Last Name, First Name, Casual Name, Birth Date, Employer/School, Cell/Work Phone.

YOUTH - AGE 18 AND YOUNGER:

Table for youth members with columns: First, (Casual), and Last Name; Birth Date; School; M / F.

MEMBERSHIP AGREEMENT

The YMCA of Walla Walla is a charitable not-for-profit membership organization. Dues are paid by the monthly payroll plan or in full for a year. Membership fees are non-transferable and non-refundable. Membership anniversary dates cannot be extended. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY for all risk of bodily injury, death or property damage and hereby releases, waives and agrees not to sue the Walla Walla YMCA or any of its employees or board of directors for any loss, damage or injury incurred while on or about the YMCA facility or premises.

FULL PAYMENT: Memberships paid in full must be received at the time of application/renewal.

\*MONTHLY DEDUCTION TERMS AND CONDITIONS:

- 1. I understand that this is an annual membership plan, to be renewed annually during the Corporation's open enrollment period.
2. I understand that if I wish to terminate or change my membership in any way, I must give the Corporate contact and/or payroll a 30-day written notice.
3. Should payroll for any reason not honor any membership deduction, I realize that I am still responsible for that payment.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS MEMBERSHIP AGREEMENT.

\*My signature also authorizes Whitman College to withhold the amount listed above from my paycheck.

(1) MEMBER ACCT HOLDERS SIGNATURE (parent or guardian if minor) DATE

(2) MEMBER ACCT HOLDERS SIGNATURE (spouse) DATE

MEMBERSHIP ACCT HOLDERS NAME (please print)