

# MEMBERSHIP APPLICATION

Armed Services YMCA Killeen  
 254.690.YMCA  
 killeen.asymca.org  
 fb.me/yourasymca



\* A photo ID is required for each adult included on your membership application.

MEMBERSHIP TYPES AND RATES			
CHECK ONE	MEMBERSHIP TYPE	JOINING FEE	MONTHLY FEE
	TEEN (13-17)	\$30	\$21
	ADULT (18-59)	\$45	\$39
	COLLEGE STUDENT (18-25, COLLEGE ENROLLED)	\$30	\$31
	COUPLES	\$70	\$66
	FAMILY (2 ADULTS LIVING AS A COUPLE + CHILDREN)	\$75	\$71
	SINGLE PARENT FAMILY	\$60	\$61
	SENIOR FAMILY	\$60	\$66
	SENIOR (60+)	\$30	\$34
	SENIOR COUPLE	\$50	\$56

  

<b>ADULT 1</b>	Male or Female	DOB ____/____/____
FIRST NAME:	MIDDLE NAME:	LAST NAME:
ADDRESS:		
STATE:	ZIP:	PHONE:
EMPLOYER/ UNIT/MILITARY BRANCH	RANK:	VETERAN: Y / N
EMAIL:		
EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:
<b>ADULT 2</b>	Male or Female	DOB ____/____/____
FIRST NAME:	MIDDLE NAME:	LAST NAME:
EMPLOYER/ UNIT/MILITARY BRANCH	RANK:	VETERAN: Y / N
EMAIL:		
PHONE:	EMERGENCY CONTACT:	PHONE:

  

DEPENDENT CHILDREN FULL NAMES	M or F	DOB	RELATIONSHIP

  

**ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION**  
 I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. Charges will be posted on the 1st of each month or the next business day thereafter. A \$35 fee will be assessed on all returns (non-sufficient funds, declines, or otherwise). Please check the box and fill out the pertinent information for option 1 or option 2.

**OPTION 1** I choose to utilize the EFT option for monthly payment (direct debit from my Checking or Savings)

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Account Type: (circle one) CHECKING or SAVINGS

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**OPTION 2** I choose to utilize the Credit Card Payment option for monthly payment (auto direct charge to credit card) and I will be responsible for all return fees.

Credit Card Type (circle one) Visa MC Discover AMEX Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*The first month of membership is prorated based on the join date and due upon joining. Proper identification is required to receive any joining or membership discounts we may offer.

