



# YMCA



## Moberly School District Corporate Membership Participation

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Building: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Section I: New Enrollment

Membership type: **Please circle one of the following**

				SENIOR	SINGLE
YOUTH	ADULT	COUPLE	FAMILY	ADULT	PARENT
\$25/month	\$42/month	\$47/month	\$55/month	\$37/month	FAMILY
					\$50/month

I hereby authorize Moberly School District to withhold \$\_\_\_\_\_ from my pay each month, beginning (M/D/Y) \_\_\_\_\_ for the purpose of participation in the YMCA Corporate Membership Program.

**Reminder: Rates are subject to change according to YMCA fee schedule.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Social Security number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date: \_\_\_\_\_

Membership effective date: (MM/DD/YY) \_\_\_\_\_

(To be determined by YMCA membership coordinator)

This is an ongoing membership. Thirty days written notice must be given for termination of corporate membership.

### Section II: Cancel Participation

I hereby declare that I wish to discontinue my participation in the YMCA Corporate Membership Program. I understand I may not begin participation again until a year after my cancellation date.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Social Security number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date: \_\_\_\_\_