



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
\$26.50/month	\$43.50/month	\$48.50/month	\$56.50/month	\$38.50/month	FAMILY
					\$51.50/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: _____