



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primary Member: _____

Additional Members: _____

I authorize City of Clarksville to deduct \$ _____ per month for my membership dues to the YMCA.

check one	Type of <i>Center Only</i> Membership (see membership categories)	Standard Monthly Rate	City of Clarksville Reduced Rate	Joining Fee	City Of Clarksville Joining Fee
	One (29-61)	\$50.00	\$25.00	\$75	Waive
	One Plus	\$77.00	\$50.00	\$75	Waive
	Two	\$77.00	\$50.00	\$100	Waive
	Two Plus	\$84.00	\$55.00	\$100	Waive
	Young One(19-28)	\$49.00	\$25.00	\$50	Waive
	Sr. One (62+)	\$50.00	\$25.00	\$75	Waive
	Senior Two	\$68.00	\$50.00	\$100	Waive

While City of Clarksville agrees to perform the payroll deduction as a service to me, I understand that I am fully responsible for the monthly payment for my membership. In the event something occurs, such as City of Clarksville terminates its relationship with YMCA, I cancel my membership, I separate from the company, or if City of Clarksville does not deduct my membership fees in error, I am still responsible for the monthly membership fees for YMCA. I understand and hereby agree that if my employment at City of Clarksville ends for any reason, the amount necessary from my final check will be applied to my unpaid account. If my unpaid account is for more than my pay, I agree to make suitable arrangements with City of Clarksville to retire the unpaid balance. Should I decide to cancel my membership with YMCA, I will contact the City of Clarksville Payroll department in writing in order to stop my membership payroll deductions. Additionally, I understand that City of Clarksville assumes no liability for my gym membership or activities.

Signature _____ Date _____

Should you have further questions, contact Corporate Partner Representative Mikey Oaks at cmoaks@ymcamidtn.org or visit www.ymcamidtn.org for locations and program information.