



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**FAMILY YMCA AT TARRYTOWN  
SUSTAINING MEMBERSHIP  
AUTHORIZATION FORM**

First Name

Last Name

**CONTACT INFORMATION**

Phone

Email

Street Address

City

State

Zip

\$20 PER MONTH

DOB

Rate:

/

Credit Card #

Expiration Date / Security Code

I hereby authorize the Family YMCA at Tarrytown to charge my credit card at **sign up and for monthly membership payments during the third week of the month**. Should my card be declined for any reason, I understand that I am responsible for my monthly payments. I understand that if my credit card is declined for more than two times my account will be cancelled and I will be responsible for bringing it current before rejoining the Y.

I also understand that memberships are non-refundable, non-transferrable. It is my responsibility to notify the Family YMCA at Tarrytown of any changes to my account information.

**Memberships must be cancelled by the last day of the month to avoid charges for the following month. Membership cannot be cancelled by phone. In order to cancel members must email Lesa Dalton, Associate Executive Director @ [lesad@ymcatarrytown.org](mailto:lesad@ymcatarrytown.org); no exceptions.**

Member Authorization Signature

Date