



MEMBERSHIP PAYROLL AUTHORIZATION FORM

Ozarks Regional YMCA

Employee Name: _____ Date of Hire: ____/____/____

Current Member Yes No

I authorize _____ (Employer) to make the following deduction from my payroll each month for the duration of my agreement with the Ozarks Regional YMCA.

Choose the branch you plan to attend more than 50% of the time.

PLEASE CIRCLE YOUR MEMBERSHIP

	Springfield	Hollister	Lebanon	Bolivar	Dallas Co	Monett	Cassville
FAMILY	\$56.10	\$42.50	\$47.60	\$51.00	\$45.05	\$54.90	\$49.50
ONE ADULT FAMILY	\$49.30	\$37.40	\$44.20	\$48.45	\$42.50	\$52.20	\$46.80
ADULT	\$38.25	\$29.75	\$33.15	\$36.55	\$29.75	\$36.00	\$33.30
ADULT COUPLE	\$49.30	\$38.25	\$44.20	\$48.45	\$42.50	\$52.20	\$46.80
SENIOR	\$25.50	\$21.25	\$24.65	\$27.20	\$20.40	\$25.20	\$24.30
SENIOR COUPLE	\$38.25	\$28.90	\$35.70	\$34.85	\$27.20	\$36.00	\$33.30
COLLEGE	\$23.80	\$17.85	\$24.65	\$25.50	\$17.00	\$18.00	\$17.10
YOUTH	\$18.70	\$15.30	\$17.85	\$17.00	\$17.00	\$18.00	\$17.10
ADD 1 ADULT*	\$12.75	\$13.60	\$12.75	\$12.75	\$12.75	\$18.00	\$13.50
FITNESS CENTER (Ward)	\$55.25						
FAMILY FITNESS (Ward)	\$62.05						

*This is an additional fee, not a membership. Valid on Family, Adult Couple or Senior Couple membership types.

- I understand this deduction cannot be terminated without written permission from the YMCA.
- I understand that I must enroll directly with the YMCA in addition to signing this form.
- I understand that I must submit a written request 30 days in advance to change or to terminate my membership.

(Print Name)

(Employee ID)

(Signature)

(Date)

YMCA STAFF ONLY	
Company: _____	Monthly rate: ____.
Deduction amount: ____.	
Pay Period Cycle (Circle one): <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Weekly	

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