

YWCA Fitness Center

All-Access Plans

These plans give you access to the Gym, Pool and Group Exercise Classes

- Annual **\$595 (Ages 55 & up \$575)**
- Pay as you Go* **\$57 down & \$57 per month****

(*credit/debit card & "Pay as You Go" form required)

****First month's fee will be prorated from today's date to the 19th of the month.
No commitment, 30-day written notice required to cancel.**

- 3-month **\$99 (Ages 12-28 only, ID required)**

Fitness-Room-Only Plan

This plan gives you unlimited Access to the Fitness Room only

- Annual **\$445 (Ages 55 & up \$425)**

Check the fitness plan option you'd like to register for and fill out the registration form on the next page. Fax completed forms to Attn: Front Desk, 914-949-8903. Please visit the front desk during business hours to obtain photo ID which you will need to access the facilities.

Fitness Plan Registration Form

Name _____ Date of Birth _____

Email _____ Phone Number _____

Address _____

City _____ St _____ Zip _____

Emergency Contact _____ Relationship _____

Contact's Phone #1 _____ Contact's phone #2 _____

Payment Method

___ MasterCard ___ Visa ___ Discover ___ Check ___ Money Order

Credit Card # _____ Exp. Date _____

Signature _____ Date _____

Fitness "Pay-As-You-Go" Plan
Credit Card Authorization Form

Name: _____	Date of Birth: _____
Address: _____	E-mail : _____
City / State / Zip code: _____	Credit Card (circle one): _____ VISA / Mastercard / Discover
Telephone #: _____	Credit Card #: _____
Mobile #: _____	Expiration Date: _____
Employer: _____	Signature: _____
Employment #: _____	

Please provide your initials indicating that you are consenting to the following:

- _____ I authorize the YWCA of White Plains to use the credit card information entered on this form for recurring monthly "Pay-As-You-Go" payments on my Fitness Plan.
- _____ I understand and agree that any fees that have been accrued and unpaid on my account will be charged to the listed credit card.
- _____ I understand and agree that I am required to give the YWCA of White Plains a 30-day written notice in order to cancel my Fitness Plan and stop automatic recurring payments on my credit card.
- _____ I understand and agree that I will be charged every month under this Fitness Plan until a written cancellation notice is received, regardless of non-use.
- _____ I understand that there are no refunds given and that my membership fee is also non-refundable.

Fees:

"Pay-As-You-Go" Down Payment: \$ _____

"Pay-As-You-Go" Monthly Fee: \$ _____

Date _____	Payment #1 \$ _____	Receipt # _____
Date _____	Payment #2 \$ _____	Receipt # _____
Date _____	Payment #3 \$ _____	Receipt # _____
Date _____	Payment #4 \$ _____	Receipt # _____
Date _____	Payment #5 \$ _____	Receipt # _____
Date _____	Payment #6 \$ _____	Receipt # _____
Date _____	Payment #7 \$ _____	Receipt # _____
Date _____	Payment #8 \$ _____	Receipt # _____
Date _____	Payment #9 \$ _____	Receipt # _____
Date _____	Payment #10 \$ _____	Receipt # _____