



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CORPORATE INTAKE FORM

GREATER NAPLES YMCA

Organization Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

As a corporate member of the YMCA, your employees and their families will enjoy everything the Y has to offer.

Corporate Membership Levels									
Please select the level that classifies your organization by number of employees									
Level	# of Employees	% discount	1 Young Adult (ages 18-22)	1 Adult Rate (ages 23+)	1+ (1 Adult + Dependents in 1 household)	2 (2 Adults in 1 household)	2+ (2 Adults + Dependents in 1 household)	3+ (3 Adults + Dependents in 1 household)	Organization Registration Fees
Basic	Up to 50	10%	\$29 / monthly	\$47 /monthly	\$68 /monthly	\$70 /monthly	\$72 /monthly	\$94 /monthly	\$250 Annually
Bronze	51-100	20%	\$26 /monthly	\$42 /monthly	\$61 /monthly	\$62 /monthly	\$64 /monthly	\$84 /monthly	\$450 Annually
Silver	101-150	30%	\$22 /monthly	\$36 /monthly	\$53 /monthly	\$55 /monthly	\$56 /monthly	\$73 /monthly	\$650 Annually
Gold	151+	40%	\$19 /monthly	\$31 /monthly	\$45 /monthly	\$47 /monthly	\$48 /monthly	\$63 /monthly	\$850 Annually

Payment Options (please select one)	
Option One	Option Two
<ul style="list-style-type: none"> Company chooses to be responsible for all payments to the YMCA for the membership for the employee. Company receives one bill through invoice. The amount may be deducted from an employee's pay check or paid (in any % increment) by company contribution. Employee may sign up at the company's HR department or present a pay stub at the Y. The Joiner's Fee is waived, if applicable. 	<ul style="list-style-type: none"> Company chooses not to be responsible for payments to the YMCA for the membership for the employee. Employee must show current pay stub at time of sign up. Employee may sign up at the Y. The Joiner's Fee is applied.

Draft Authorization – Please Read & Initial

- ____ I understand that my account will be drafted/billed each month and that that this membership will remain in effect until I give the YMCA a **30-day written notice**.
- ____ I understand that my Corporate Discount Group must maintain at least 3 YMCA Units each month to remain active.
- ____ I understand that it is the responsibility of the YMCA Member / Staff Member of your Organization to inform the YMCA of the current/valid employment. The YMCA will not retro any undiscounted fees due to lack of their proof.

OFFICE USE ONLY		
MEMBERSHIP LEVEL •	PAYMENT OPTION •	PAID TODAY Registration Fee _____ Payment ID: _____
Staff Signature		Date