



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF MADISON COUNTY CORPORATE MEMBERSHIP

### PAYROLL DEDUCTION

I hereby authorize the payroll deduction for a(n) \_\_\_\_\_ YMCA of Madison County Membership from my pay. I understand that the total annual membership cost is \$\_\_\_\_\_ and that this membership will be deducted in the amount of \$ \_\_\_\_\_ per pay period.

I also understand that: (1) deductions will continue until I cancel my membership. (2) That I must also cancel my membership at the Anderson YMCA and turn in my membership card(s). (3) I will receive at least thirty (30) days notice on any rate changes to my membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

#### Madison County Government Employee Membership Rates

Membership Type	Cost Per Pay Period	Cost Per Month
Young Adult	\$10.80	\$21.60
Adult	\$12.60	\$25.20
Household A	\$18.00	\$36.00
Household B	\$16.20	\$32.40