



CORPORATE DISCOUNT FORM

Employee Information *(Please Print)*

First & Last Name: _____

☐ New
Membership

☐ Change
Membership

☐ Cancel
Membership

☐ Hold dates from _____ to _____

Membership Type	Monthly Employer Amount	Monthly Employee Amount
Adult <i>(18 -61 years)</i>	\$ 52.57	\$0.00
2 Person Household <i>(2 Adults living in the same residence)</i>	\$ 72.40	\$0.00
Household <i>(2 Adults and their dependent children through the age of 26, living in the same residence)</i>	\$ 72.40	<input type="checkbox"/> \$10.35

Please read and initial one of the following statements:

_____ I am enrolling in the corporate match program through **The Gerken Companies**. I understand my employer pays for Adult and 2 Person memberships in full. If I would like to have a Household membership, I understand that I must have a form of payment on file and I am responsible for the cost difference each month.

_____ I am currently enrolled in the corporate match program and I am changing my current membership type. I understand the new rate takes effect immediately.

_____ I am currently enrolled in the corporate match program and I am cancelling my membership with the YMCA of NCO. I understand that I am accountable for any outstanding balance of my membership dues.

Signature

Date

Employee ID *(if applicable)*

revised 9/16/2025