





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

Date \_\_\_\_\_  
Member Number \_\_\_\_\_

# MEMBERSHIP APPLICATION

## PERSONAL INFORMATION

1st Adult Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Type:  Home  Cell

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Group (if applicable) \_\_\_\_\_

Membership Type:  Individual  Senior/Student Couple  
 Household  Youth (Ages 12-17)

## OPTIONAL INFORMATION

The YMCA is committed to serving people regardless of ethnicity or income level. Financial assistance is available to those who qualify. This information will be strictly confidential and will help us better serve the community.

Race:  Asian/Pacific Islander  African-American  Hispanic  Native American  Caucasian  Other

How did you hear about us? \_\_\_\_\_

## HOUSEHOLD INFORMATION

2nd Adult Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Type:  Home  Cell

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

## LIST OF CHILDREN UNDER THE AGE OF 24

FIRST NAME	LAST NAME	CHECK-IN CODE	GENDER	AGE	BIRTH DATE	SCHOOL