



APPLICATION FOR MEMBERSHIP & PROGRAMS

Date _____
Staff Initial _____

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, financial assistance is available to the extent possible. Please ask for a confidential financial assistance application. The Y is a charitable organization that provides financial assistance to people in the community.

MEMBERSHIP TYPE										
Membership Category (circle): Member Non Member Staff Membership Type (circle): Youth/Teen Adult Senior Senior Couple Family 1-Adult Family 2-Adult Family 3-Adult INS-Silver Sneaker INS-Renew Active										
PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)									Check ID <input type="checkbox"/>	
First Name			MI	Last Name			Date of Birth		Gender	
Home Address				Apt	City			State	Zip Code	
Phone				Email						
Insurance Carrier (For Medicare Members)						ID #				
Employer Name			Business Address				Business Phone			
Ethnicity (circle) Caucasian/White African American/Black Hispanic/Latino Asian American Native American/Pacific Islander Other										
Have you been a YMCA member before? (circle) Yes No					Are you interested in volunteering? (circle) Yes No					
Emergency Contact First Name			Last Name			Phone Number		Relationship		
SECONDARY ADULT (Couple or Family 2 Adult)									Check ID <input type="checkbox"/>	
First Name			MI	Last Name			Relationship to Primary Member			
Phone			Email			Date of Birth		Gender		
Employer Name				Business Address			Business Phone			
THIRD ADULT (Family 3 Adult)									Check ID <input type="checkbox"/>	
First Name			MI	Last Name			Relationship to Primary Member			
Phone			Email			Date of Birth		Gender		
DEPENDENTS & APPLICANTS (17 YEARS OF AGE AND UNDER AS WELL AS COLLEGE STUDENTS 26 YEARS AND UNDER WITH 12 CREDITS)										
First Name				Last Name			Date of Birth		Gender	

