



# MEMBERSHIP APPLICATION

\*FINANCIAL ASSISTANCE IS AVAILABLE.

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Full Name (youth members only): \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact and Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Provider (for app text messages): \_\_\_\_\_

Email: \_\_\_\_\_ Member Referral Name: \_\_\_\_\_

## FAMILY MEMBERSHIP INFORMATION

### FIRST DEPENDENT/CHILD

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

### SECOND DEPENDENT/CHILD

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

### THIRD DEPENDENT/CHILD

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

### FOURTH DEPENDENT/CHILD

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

# MEMBERSHIP APPLICATION (Continued)

## DEMOGRAPHIC INFORMATION

To help serve you better, please fill out the following information. This information is kept confidential and is strictly voluntary.

My main interests are:

- After-School Programs
- Camp
- Art
- Family Programming
- Early Childhood
- Performing Arts
- Gymnastics
- Senior/Adult Programming
- Personal Training
- Sports
- Special Needs
- Weight Loss
- Volunteerism
- Aquatics

How did you hear about the Y? \_\_\_\_\_  
\_\_\_\_\_

## HELP SUPPORT THE Y

PLEASE INITIAL YOUR CHOICE AND SIGN

- Yes, I would like to make a tax-deductible contribution.
- No, I would not like to contribute at this time.
- \$2    \$5    \$10    \$50    Other: \$ \_\_\_\_\_

This amount will automatically be deducted with my monthly membership dues and can be cancelled with my authorization at any time. If I want to cancel this donation, I will contact the Y in writing to cancel this donation.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

## ETHNICITY

- Asian/Pacific Islander
- African-American
- Caucasian
- Middle Eastern
- Indian
- Native American
- Latino/Hispanic
- Other: \_\_\_\_\_

## OCCUPATIONS

Your Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

## HELP COMMUNITY MEMBERS

PLEASE INITIAL YOUR CHOICE AND SIGN

Through our Community Strong Campaign, your tax-deductible contribution helps us provide program support to families in need.

- Yes, I would like to make a tax-deductible contribution.
- No, I would not like to contribute at this time.
- \$2    \$5    \$10    \$50    Other: \$ \_\_\_\_\_

This amount will automatically be deducted with my monthly membership dues and can be cancelled with my authorization at any time. If I want to cancel this donation, I will contact the Y in writing to cancel this donation.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:      SIGNATURE: \_\_\_\_\_      CCC ID#: \_\_\_\_\_