



Amsterdam Family YMCA Membership Application

We build strong kids, strong families,
strong communities.

Type of Membership	Payment Option <input type="checkbox"/> EFT <input type="checkbox"/> Annual	Type of Initial Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> C C <input type="checkbox"/> Gift Cert \$ _____	Begin Date	Expiration Date	Staff Initials
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**Please print

Primary Member

Last Name	First Name	M.I.	Date of Birth / /	Sex (circle one) Male / Female
Street Address	City	State	Zip	
Email Address	Home Phone ()	Cell Phone ()		
Employer Name	Occupation	Work Phone ()		

2nd Adult

Last Name	First Name	M.I.	Date of Birth / /	Sex (circle one) Male / Female
Street Address	City	State	Zip	
Email Address	Home Phone ()	Cell Phone ()		
Employer Name	Occupation	Work Phone ()		

Dependents (family membership)

Name (please indicate if different last name)	Date of Birth	Sex	Name (please indicate if different last name)	Date of Birth	Sex

Emergency Contact

Name	Relation
Phone ()	

Interests

<input type="checkbox"/> Fitness	<input type="checkbox"/> Aerobics	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Basketball
<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Childcare	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Family Programs	<input type="checkbox"/> Teen Programs	<input type="checkbox"/> Senior Programs
<input type="checkbox"/> Personal Training	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Other: _____	

I heard about the YMCA through

<input type="checkbox"/> Doctor	<input type="checkbox"/> Work	<input type="checkbox"/> Advertising
<input type="checkbox"/> Radio	<input type="checkbox"/> Website	<input type="checkbox"/> Friend
<input type="checkbox"/> Mail	<input type="checkbox"/> School/College	<input type="checkbox"/> Past Member
Other: _____		

Household Income (Optional)

<input type="checkbox"/> < \$13,000	<input type="checkbox"/> \$14,000 - \$24,999
<input type="checkbox"/> \$25,000 - \$39,999	<input type="checkbox"/> \$40,000 - \$54,999,000
<input type="checkbox"/> \$55,000 - \$74,999	<input type="checkbox"/> \$75,000 and Over

Ethnicity (Optional)

<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian/ Pacific Isl.	<input type="checkbox"/> African American	<input type="checkbox"/> Other

Please complete reverse side

