



# 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 I heard about the YMCA through

<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: _____	<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: _____
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## Household Income (Optional) Ethnicity (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	<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
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