



YMCA Membership Application

Please answer the following questions:

- 1) How did you hear about the YMCA? 2) What made you join the YMCA?
- Direct Mail
 - Radio
 - TV
 - Current Member
 - Free Trial Week
 - Other _____

Name: _____ **Gender:** _____

Address: _____
(number) (street) (city) (state) (zip)

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Birthdate:** ___/___/___ **Age:** ___

Employer: _____

Email Address: _____

2nd Adult: _____ **Gender:** _____ **Age:** _____

Birthdate: ___/___/___ **Work Phone:** _____ **Cell Phone:** _____

Employer: _____

Email Address: _____

Dependent Children

Name: _____ **Gender:** _____ **Birthdate:** ___/___/___ **Age:** _____

Name: _____ **Gender:** _____ **Birthdate:** ___/___/___ **Age:** _____

Name: _____ **Gender:** _____ **Birthdate:** ___/___/___ **Age:** _____

Name: _____ **Gender:** _____ **Birthdate:** ___/___/___ **Age:** _____

Name: _____ **Gender:** _____ **Birthdate:** ___/___/___ **Age:** _____