

YMCA OF CENTRAL OHIO MEMBERSHIP APPLICATION

Primary Member Bar Code
(For YMCA Use)

PRIMARY MEMBER (Please Print)

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
Have you had a prior membership with the YMCA of Central Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, approximately when?			
ADDRESS		CITY	STATE
HOME PHONE #		EMERGENCY PHONE #	WORK PHONE#
DATE OF BIRTH		GENDER	E-MAIL ADDRESS
BILLING NAME (if different from above)		EMPLOYER	
ADDRESS		CITY	STATE
ZIP CODE+4		HOME PHONE#	WORK PHONE #
Are you interested in volunteering for the YMCA of Central Ohio <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe			

ADDITIONAL FAMILY MEMBERSHIP INFORMATION – FAMILY MEMBERSHIPS ONLY (Please Print)

Name (first and last)	Relation to Primary Member	Date of Birth	Ethnic Origin	Gender	Emergency Phone #	Bar Code # (For YMCA Use)
	Spouse/Partner			M / F		
				M / F		
				M / F		
				M / F		
				M / F		
				M / F		
				M / F		

I understand that the YMCA membership is non-refundable.

Signature _____ Date _____

The YMCA works best when everyone is included. The YMCA People Helping People Sponsorship Fund helps families enjoy the YMCA regardless of their ability to pay. The need continues to grow. Opportunities to contribute to the YMCA People Helping People Sponsorship Fund are endless and convenient. **Sponsorship Assistance is Available to those who qualify.**

UNITED WAY STATISTICAL INFORMATION (This information assists the YMCA in securing United Way funding.)

Household Income:					
<input type="checkbox"/> Below \$4,999	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$20,000 - \$39,999	<input type="checkbox"/> \$40,000-\$59,999	<input type="checkbox"/> Over \$60,000
Ethnic Origin:					
<input type="checkbox"/> White	<input type="checkbox"/> Asian-Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Somali		
<input type="checkbox"/> African-American	<input type="checkbox"/> Native American	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other		
How did you discover the YMCA?					
<input type="checkbox"/> Another YMCA Member	<input type="checkbox"/> Healthcare Provider	<input type="checkbox"/> Phonebook	<input type="checkbox"/> Drove By		
<input type="checkbox"/> Complimentary/Promotional Pass	<input type="checkbox"/> Prior Experience	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other		
Which YMCA programs/activities fit your needs?					
<input type="checkbox"/> Family Programs	<input type="checkbox"/> Pool/Swim Lessons	<input type="checkbox"/> Youth/Teen Programs	<input type="checkbox"/> Nursery		
<input type="checkbox"/> Preschool/Childcare Programs	<input type="checkbox"/> Fitness Classes	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Adult Sports		
<input type="checkbox"/> Special Needs Programs	<input type="checkbox"/> Art/Education Programs	<input type="checkbox"/> Camp/Outdoor Education	<input type="checkbox"/> Other		
What is your primary reason for joining the YMCA?					
<input type="checkbox"/> Family Activities	<input type="checkbox"/> Meet People	<input type="checkbox"/> Affordable Rates	<input type="checkbox"/> Convenient Location		
<input type="checkbox"/> Health Enhancement/Weight Management	<input type="checkbox"/> Increase Physical Activity	<input type="checkbox"/> Prior YMCA Experience	<input type="checkbox"/> Other		

YMCA OFFICE USE

MEMBERSHIP #	FAMILY NAME	ANNIVERSARY DATE	MEMBERSHIP TYPE	YMCA STAFF
CASH \$	SPONSORED \$	BANK DRAFT \$	BANK ACCOUNT #	BANK NAME
MONTHLY PAYMENT AMOUNT	CREDIT CARD ACCOUNT #	EXPIRATION DATE	NAME(S) AS IT APPEARS ON CARD	