



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BRANCH #

MEMBERSHIP #

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YMCA OF GREATER GRAND RAPIDS MEMBERSHIP APPLICATION

MY INFORMATION

TITLE <small>(MR, MRS, MS, DR)</small>	FIRST NAME	M.I.	LAST NAME
GENDER	DATE OF BIRTH	EMPLOYER	

MAILING ADDRESS

STREET	
CITY	
ST	ZIP

CONTACT INFORMATION

PRIMARY PHONE #
SECONDARY PHONE #
EMAIL ADDRESS

EMERGENCY CONTACT

FULL NAME _____

PHONE # _____

BACKGROUND

The YMCA strives to provide membership and program services to all who desire to participate. The following questions help us know the people we are serving.

HOUSEHOLD INCOME

- Under \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 - \$65,000
- \$65,000 - \$99,999
- \$100,000 - \$149,000
- \$150,000+

ETHNICITY/RACE

- Caucasian
- Hispanic, Latino, or Spanish Origin
- African American
- Native American
- Asian/Pacific Islands
- Multi-Racial
- Other _____

MEMBERSHIP TERMS

MEMBERSHIP TYPE

- 17 and under
- Young Adult (18-26)
- Adult
- Adult Plus
- Family
- Senior (60+)
- Senior Couple

PAYMENT PLAN

- Annual
- EFT

DRAFT DATE

- 1st
- 15th
- 25th

- ID VERIFIED

MEMBER INITIALS _____

STAFF INITIALS _____

STAFF USE ONLY

AMOUNT PAID

\$ _____ Membership Amount	\$ _____ Additional Adults
\$ _____ Joining Fee	\$ _____ TOTAL Payment Collected
\$ _____ Locker	

HOUSEHOLD

ADD-ON ADULT	NAME (LAST, IF DIFFERENT)	DATE OF BIRTH	GENDER	EMAIL ADDRESS (ALL ADULTS)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEMBER SIGNATURE _____

TODAY'S DATE _____

STAFF _____