



### YMCA OF PATERSON MEMBERSHIP APPLICATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership Type \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

EMAIL \_\_\_\_\_

Gender:  Male  Female

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**For Statistical and Grant Purposes Only:**

**Race/ Ethnicity**  Caucasian  African American  Latino  Asian  American Indian  Other \_\_\_\_\_

**Household Income Range/year**  under \$30,000.00  \$30,000-\$40,000.00  \$40,000-\$50,000  \$50,000-\$60,000  
 \$60,000-\$70,000  \$70,000  \$80,000 -\$90,000  \$100,000 +

**FOR FAMILY MEMBERSHIPS ONLY:**

Spouse & children names	Birthdate mm/dd/yy	Sex	Occupation /School	Grade

Are you interested in Volunteering at the Y? If so, in what capacity? \_\_\_\_\_

Are you interested in contributing to our Annual Campaign? (If yes, Membership Rep. will follow up with details) \_\_\_\_\_

If you would like to donate and support your YMCA today, please select from below:

\$10.00  \$15.00  \$20.00  Other (any amount helps our cause) \_\_\_\_\_

**PURPOSE OF JOINING THE YMCA:**  Weight Loss  Youth/Teen Programming  Increase Stamina  Improve Health  Increase energy  Improve Self Esteem  Toning  Stress Management  Build strength  Gain weight  Group Exercises  Cardio exercises only  Social  All the above  Other

**FOR OFFICE USE ONLY:**

DATE	RECEIPT NUMBER	MEMBERSHIP TYPE	TOTAL COST	PAYMENT MADE	BALANCE	MEMBER INITIALS	STAFF INITIALS

Enrolled By (YMCA Staff Name): \_\_\_\_\_