



JOIN THE OSWEGO YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP HOUSEHOLD INFORMATION	_____		
	Primary Adult Name	DOB	Gender
	Street Address		
	City	State	ZIP
	Phone	Email	
	Employer Name		
	Secondary Adult Name	DOB	Gender
	Phone	Email	
	Employer Name		

DEPENDENTS	Name		DOB	Gender	At the YMCA, we are dedicated to helping all kids grow up safe and strong. Therefore, we must ask if you have ever been placed on a sex offender registry: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Name		DOB	Gender	
	Name		DOB	Gender	
	Name		DOB	Gender	
	Name		DOB	Gender	
	EMERGENCY	Contact Name			
	EMERGENCY	Phone Number			

How did you find out about the Y? <input type="checkbox"/> Another Y Member <input type="checkbox"/> Internet Search <input type="checkbox"/> Radio <input type="checkbox"/> Print Publication <input type="checkbox"/> Social Media _____ <input type="checkbox"/> Workplace <input type="checkbox"/> E-Mail <input type="checkbox"/> Other _____	MEETING YOUR NEEDS What is Motivating you to join? <input type="checkbox"/> Camp <input type="checkbox"/> Child Care <input type="checkbox"/> Family Programs <input type="checkbox"/> Pool <input type="checkbox"/> Personal Wellness <input type="checkbox"/> Other _____
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Staff Only

Membership Type	Today's Date	Draft Start Date	Monthly Rate	Staff Initial

Department _____ Hours Per Wk _____ Other Circumstances _____

Supervisor _____ Membership Type _____ Date _____