



JOIN THE OSWEGO YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP HOUSEHOLD INFORMATION	<input style="width: 100%;" type="text"/> Primary Adult Name DOB <input style="width: 100px;" type="text"/> Gender <input style="width: 100px;" type="text"/>		
	<input style="width: 100%;" type="text"/> Street Address		
	<input style="width: 300px;" type="text"/> City	<input style="width: 150px;" type="text"/> State	<input style="width: 100px;" type="text"/> ZIP
	<input style="width: 300px;" type="text"/> Phone	<input style="width: 300px;" type="text"/> Email	
	<input style="width: 100%;" type="text"/> Employer Name		
	<input style="width: 100%;" type="text"/> Secondary Adult Name DOB <input style="width: 100px;" type="text"/> Gender <input style="width: 100px;" type="text"/>		
	<input style="width: 300px;" type="text"/> Phone	<input style="width: 300px;" type="text"/> Email	
<input style="width: 100%;" type="text"/> Employer Name			
DEPEND-	<input style="width: 100%;" type="text"/> Name DOB <input style="width: 100px;" type="text"/> Gender <input style="width: 100px;" type="text"/>		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
	<input style="width: 100%;" type="text"/> Name DOB <input style="width: 100px;" type="text"/> Gender <input style="width: 100px;" type="text"/>		
	<input style="width: 100%;" type="text"/> Name DOB <input style="width: 100px;" type="text"/> Gender <input style="width: 100px;" type="text"/>		
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EMERGENCY		<input style="width: 100%;" type="text"/> Contact Name	
		<input style="width: 100%;" type="text"/> Phone Number	
MEETING YOUR NEEDS		What is Motivating you to join?	
How did you find out about the Y? <input type="checkbox"/> Another Y Member <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 _____		<input type="checkbox"/> Camp <input type="checkbox"/> Pool <input type="checkbox"/> Child Care <input type="checkbox"/> Personal Wellness <input type="checkbox"/> Family Programs <input type="checkbox"/> Other _____	

Staff Only

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

Department _____ Hours Per Wk _____ Other Circumstances _____
 Supervisor _____ Membership Type _____ Date _____