



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# Niles-Buchanan YMCA Membership Application

Please Print

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_  
(single, married, divorced, sep.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Spouse or Parent (if under 18) Name \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Sex	Birth date	Child's Name	Sex	Birth date

For Reporting Purposes

<p>Nationality Please check</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Pacific/Islander</p> <p><input type="checkbox"/> Other</p>
--

<p>Household Income Please check</p> <p><input type="checkbox"/> &lt;\$15,000</p> <p><input type="checkbox"/> \$15,001-29,999</p> <p><input type="checkbox"/> \$30,000-44,999</p> <p><input type="checkbox"/> \$45,000-59,999</p> <p><input type="checkbox"/> \$60,000-74,999</p> <p><input type="checkbox"/> \$75,000+</p>
---

<p>Office Use</p> <p>Member ID _____</p> <p>Member Type _____</p> <p>Join Date _____</p> <p>Renew Date _____</p> <p>Pay Method _____</p>
--

I understand the physical activities which I or my family members may participate in at the YMCA may result in injury, illness or death. I agree to assume all liability and release the YMCA from any liability on account of my presence in a YMCA facility or on account of my involvement in any activity at a YMCA facility, whether caused by negligence of the YMCA or another person on the premises or at the sponsored activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_