



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF CENTRAL STARK COUNTY

## Membership Application

### MEMBERSHIP FOR ALL

DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_

<b>BASIC INFO</b>	LEGAL FIRST NAME	M.I.	LAST
	MAILING ADDRESS		
	CITY	STATE	ZIP CODE
	BIRTHDAY	GENDER	EMAIL (FOR ONLINE REGISTRATION, APP LOGIN, & NEWSLETTERS)
	PREFERRED PHONE # <input type="checkbox"/> Mobile <input type="checkbox"/> Landline	SECONDARY PHONE # <input type="checkbox"/> Mobile <input type="checkbox"/> Landline	
<b>EMERGENCY CONTACT</b>	NAME & RELATIONSHIP		PHONE #

For the section below, please mark by the number in each section that corresponds with your identity. For any family members, copy the numbers into their respective "Race/Ethnicity" box. There is a "prefer not to say" option.  
The YMCA is a recipient of grants and donations from local foundations and state/national federal funding sources.  
Your help with this information ensures we can apply for future funding.

<b>RACE/ETHNICITY</b>	<input type="checkbox"/> 1. American Indian/Alaskan Native	<input type="checkbox"/> 7. White/Caucasian	
	<input type="checkbox"/> 2. Asian	<input type="checkbox"/> 8. American Indian or Alaskan Native and White	
	<input type="checkbox"/> 3. Black or African-American	<input type="checkbox"/> 9. Black or African American and White	
	<input type="checkbox"/> 4. Asian and White	<input type="checkbox"/> 10. Other Multi-Racial Combination	
	<input type="checkbox"/> 5. American Indian or Alaskan Native and Black or African American	<input type="checkbox"/> 11. Prefer not to say	
	<input type="checkbox"/> 6. Pacific Islander/Native Hawaiian	<input type="checkbox"/> 12. Hispanic/Latino	
<b>MEMBERSHIP TYPE</b>	<input type="checkbox"/> YOUTH (ages 6 - 12)	<input type="checkbox"/> TEEN/YOUNG ADULT (ages 13 - 23)	<input type="checkbox"/> SENIOR ADULT (age 65 & up)
	<input type="checkbox"/> FAMILY	<input type="checkbox"/> ADULT (ages 24 - 64)	<input type="checkbox"/> SENIOR COUPLE
<b>WPW TYPE</b>	ORGANIZATION:	EMPLOYEE NAME:	VERIFICATION METHOD:

#### FAMILY MEMBERS (more space on back)

LEGAL FIRST NAME	M.I.	LAST NAME	BIRTHDATE	GENDER	RACE/ETHNICITY	RELATIONSHIP
SPOUSE /SECOND ADULT 1			/ /			
CHILDREN / DEPENDENTS 2			/ /			
3			/ /			
4			/ /			
5			/ /			

#### ANNUAL SUPPORT CAMPAIGN

Our Annual Campaign allows the YMCA to keep our promise: that no one is turned away from the YMCA due to an inability to pay. This campaign relies on generous donations from our members, program participants, businesses, and local foundations. Please consider helping to provide YMCA memberships and programs to others in your community.

YES! I'd like to help! ☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$\_\_\_\_\_ (Other - Please specify) No Thanks ☐

Pay Now  
(one time) \_\_\_\_\_

Add to first draft  
(one time) \_\_\_\_\_

Pay Via Monthly Auto-Pay (\$/month)  
(recurring until end of current year) \_\_\_\_\_

FILE NAME LAST:

FIRST:

Membership ID:

### FAMILY MEMBERS (cont.)

LEGAL FIRST NAME	M.I.	LAST NAME	BIRTHDATE	GENDER	RACE/ ETHNICITY	RELATIONSHIP
6			/ /			
7			/ /			
8			/ /			
9			/ /			
10			/ /			
11			/ /			
12			/ /			
13			/ /			

### PAYMENT OPTIONS AND TERMS

Our payment agreement will be reviewed in full with you during the sign-up process and a copy of your signed agreement will be emailed or printed for you upon completed registration. If you have an email on file, a copy can also be found through your account online.

Statement billing options are also available for Annual, Quarterly, and Biannual payment frequencies.

Please mark your desired payment frequency.

☐ Monthly (Recurring only)
 ☐ Quarterly ☐ Recurring ☐ Statement
 ☐ Biannually ☐ Recurring ☐ Statement
 ☐ Annually (Statement only)

For recurring payments, please note the payment method you will leave on file.

☐ Checking
 ☐ Savings
 ☐ Debit/Credit Card
 Account ending (last 4) \_\_\_\_\_

### PHOTO/TALENT RELEASE

I give permission to the YMCA of Central Stark County & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include any of my family member's or my image or voice for purposes of promoting or interpreting YMCA programs.

Initials \_\_\_\_\_