

APPLICATION FOR MEMBERSHIP YMCA OF METROPOLITAN CHICAGO



801 N. Dearborn St., Chicago, Illinois 60610 • 312/932-1200 • ymcachgo.org

NAME	MS. MRS. MR.	FIRST NAME	M.I.	LAST NAME

R E S I D E N C E	STREET			HAVE YOU EVER HAD A MEMBERSHIP OR REGISTERED FOR A PROGRAM AT ANY YMCA OF METROPOLITAN CHICAGO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CITY	STATE	ZIP CODE	WOULD YOU LIKE MORE INFORMATION ON VOLUNTEERING OR FUND RAISING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DAYTIME PHONE		EVENING PHONE		HOW DID YOU HEAR ABOUT THE YMCA?
	EMAIL ADDRESS				WERE YOU REFERRED BY A YMCA OF METROPOLITAN CHICAGO MEMBER? _____ IF SO, WHO?
	EMPLOYER/SCHOOL				

EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE NUMBER

PERSONAL INFORMATION	BIRTHDATE	SEX	RACE (CIRCLE ONE)					
	/ /		WHITE	BLACK	HISPANIC	ASIAN/PACIFIC ISLANDER	AM. INDIAN/ALASKAN	
	HOUSEHOLD INCOME	(CIRCLE ONE)	\$0-\$13,999	\$14,000-\$24,999	\$25,000-\$39,999	\$40,000-\$54,999	\$55,000-\$74,999	\$75,000-OVER

FAMILY MEMBERS					
NAME (LAST IF DIFFERENT)	BIRTHDATE	SEX	RACE	EMPLOYER/SCHOOL	
SPOUSE/PARTNER	/ /				
1	/ /				
CHILDREN	/ /				
2	/ /				
3	/ /				
4	/ /				
5	/ /				
6	/ /				

OFFICE USE					
METHOD OF PAYMENT	INITIAL PAYMENT		BRANCH LOCATION	MEMBERSHIP/PROGRAM TYPE CODE	
CREDIT CARD DRAFT <input type="checkbox"/>	VISA <input type="checkbox"/>	CHECK <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
BANK DRAFT <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	CASH <input type="checkbox"/>	AMOUNT PAID W/APPLICATION		ENROLLED BY
ANNUAL <input type="checkbox"/>	AMEX <input type="checkbox"/>	DISCOVER <input type="checkbox"/>	<input type="text"/>		_____
COMMENTS			RECEIPT NO.		
			<input type="text"/>		

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE INFORMATION ON THE BACK OF THIS FORM. IN ADDITION, I UNDERSTAND AND AGREE THAT THE CONDITIONS OF MEMBERSHIP AND THE ASSUMPTION OF BASIC WAIVER & RELEASE OF ALL CLAIMS ARE IN EFFECT THROUGHOUT MY MEMBERSHIP WITH THE YMCA OF METROPOLITAN CHICAGO. I ALSO UNDERSTAND AND AGREE THAT IF THE MEMBERSHIP IS INTERRUPTED FOR ANY REASON THESE AGREEMENTS WILL REMAIN IN EFFECT DURING THE PERIOD OF INTERRUPTION AS WELL AS AFTER THE MEMBERSHIP IS REINSTATED.

SIGNATURE _____ DATE _____
(APPLICANT)

SIGNATURE _____ DATE _____
(SPOUSE/PARTNER)

SIGNATURE _____ DATE _____
(18+ YEAR-OLD CHILD IN FAMILY MEMBERSHIP)

SIGNATURE _____ DATE _____
(18+ YEAR-OLD CHILD IN FAMILY MEMBERSHIP)

SIGNATURE IS REQUIRED TO RECEIVE YOUR MEMBERSHIP CARD

