



We are a not-for-profit charitable organization committed to transforming lives, and strengthening our community, through programs and services focused on Youth Development, Healthy Living, & Social Responsibility. **Thank you** for joining our cause.

Keene Family YMCA Membership Application

Please select Membership

| | | | |
|--------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> MFA | <input type="checkbox"/> Adult Couple | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Family | <input type="checkbox"/> In-Shape | <input type="checkbox"/> Teen | <input type="checkbox"/> Wellness Connection |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Employee | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> |

****Family is defined as one or two adults and their dependents who are under the age of 19 or a full-time student. (with valid student ID) All family members must reside at the same address.**

By initialing this line I attest that I have received and completed the PAR-Q form: _____

Photo ID Required at time of application

| PRIMARY MEMBER <i>or Parent/Guardian for applicants under 18 years</i> | | | | | | |
|--|---|-------|--|------------------------|-----------------------------------|--|
| N A M E | First Name | | Middle Int. | Last Name | | |
| | Date of Birth / / | | Ethnic Origin (circle one) White Black or African American Asian Hispanic or Latino Pacific Islander American Indian | | | Gender M F |
| H O M E | Street | | | | | Apt/Unit# |
| | City | State | Zip | Home/Cell Phone () | Email | |
| 2nd ADULT MEMBER | | | | | | |
| N A M E | First Name | | Middle Int. | Last Name | | |
| | Date of Birth / / | | Ethnic Origin (circle one) White Black or African American Asian Hispanic or Latino Pacific Islander American Indian | | | Gender M F |
| H O M E | Street | | | | | Apt/Unit# |
| | City | State | Zip | Home/Cell Phone () | Email | |
| DEPENDENTS: ** see requirements above | | | | | | |
| | First Name | MI | Last Name | Date of Birth / / | Gender M F | Ethnic Origin (circle one) White Black or African American Pacific Islander |
| | | | | / / | M F | White Black or African American Pacific Islander |
| | | | | / / | M F | White Black or African American Pacific Islander Hispanic or Latino Asian American Indian |
| | | | | / / | M F | White Black or African American Pacific Islander Hispanic or Latino Asian American Indian |
| EMERGENCY CONTACT | Name | | | Phone | | Relationship |
| TO BE COMPLETED BY STAFF | | | UNIT ID: _____ | | Photos Taken: <u>Y</u> / <u>N</u> | |
| Join Date: / / | Payment Type: <i>circle one</i> <u>Full Pay</u> / <u>EFT</u> / <u>N/A</u> | | | Staff Name: | | |

STAFF - PUT IN EFT INFORMATION NOW!