



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"/> Activity is Good Med. |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Employee | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Other |

****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: _____

PRIMARY MEMBER *or Parent/Guardian for applicants under 18 years*

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 Multi-Racial Other			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 Multi-Racial Other			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	Ethnic Origin (circle one)
			/ /	M F	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian Multi-Racial Other
			/ /	M F	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian Multi-Racial Other
			/ /	M F	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian Multi-Racial Other
			/ /	M F	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian Multi-Racial Other

EMERGENCY CONTACT	Name	Phone	Relationship
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TO BE COMPLETED BY STAFF	UNIT ID: _____	Photos Taken: <u>Y</u> / <u>N</u>
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Join Date: / /	Payment Type: <i>circle one</i> Full Pay / EFT / N/A	Staff Name:
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