



# KEENE FAMILY YMCA MEMBERSHIP APPLICATION

- Please select Membership type:**
- |   |  |   |   |                                   |
|---|--|---|---|-----------------------------------|
| <input type="checkbox"/> Adult          | <input type="checkbox"/> MFA                 | <input type="checkbox"/> 6th Grade Initiative | <input type="checkbox"/> Teen                 | <input type="checkbox"/> Youth    |
| <input type="checkbox"/> Family         | <input type="checkbox"/> In-Shape            | <input type="checkbox"/> Senior Couple        | <input type="checkbox"/> Silver Sneakers      | <input type="checkbox"/> Military |
| <input type="checkbox"/> Young Adult    | <input type="checkbox"/> Employee            | <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> State of NH Employee | <input type="checkbox"/> Senior   |
| <input type="checkbox"/> Activity is GM | <input type="checkbox"/> Wellness Connection |   |   |                                   |

**\*\*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.**

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

<b>N A M E</b>	<b>First Name</b>	<b>Middle Int.</b>	<b>Last Name</b>		
	<b>Date of Birth</b> / /	<b>Ethnic Origin (circle one)</b> White Black or African American Asian Hispanic or Latino Pacific Islander American Indian			<b>Gender</b> <b>M F</b>
<b>H O M E</b>	<b>Street</b>				<b>Apt/Unit#</b>
	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home/Cell Phone</b> ( )	<b>Email</b>

**2nd ADULT MEMBER**

<b>N A M E</b>	<b>First Name</b>	<b>Middle Int.</b>	<b>Last Name</b>		
	<b>Date of Birth</b> / /	<b>Ethnic Origin (circle one)</b> White Black or African American Asian Hispanic or Latino Pacific Islander American Indian			<b>Gender</b> <b>M F</b>
<b>H O M E</b>	<b>Street</b>				<b>Apt/Unit#</b>
	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home/Cell Phone</b> ( )	<b>Email</b>

**DEPENDENTS: \*\* see requirements above**

First Name	MI	Last Name	Date of Birth	Gender	Ethnic Origin (circle one)
			/ /	<b>M F</b>	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian
			/ /	<b>M F</b>	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian
			/ /	<b>M F</b>	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian
			/ /	<b>M F</b>	White Black or African American Pacific Islander Hispanic or Latino Asian American Indian

<b>EMERGENCY CONTACT</b>	<b>Name</b>	<b>Phone</b>	<b>Relationship</b>
--------------------------	-------------	--------------	---------------------

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

**STAFF - PUT IN EFT INFORMATION NOW!**