



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 <i>or Parent/Guardian for applicants under 18 years</i>						
<b>N A M E</b>	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  Other:
<b>H O M E</b>	Street					Apt/Unit#
	City	State	Zip	Home/Cell Phone ( )	Email	
2nd ADULT MEMBER						
<b>N A M E</b>	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  Other:
<b>H O M E</b>	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 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
<b>EMERGENCY CONTACT</b>	Name			Phone		Relationship
<b>TO BE COMPLETED BY STAFF</b>			UNIT ID: _____		Photos Taken: <u>Y</u> / <u>N</u>	
Join Date: / /	Payment Type: <i>circle one</i> Full Pay / EFT / N/A			Staff Name:		