

Thank you for becoming a member of the YWCA Black Hawk County

Here are some important facts about your membership:

- Your membership supports the YWCA Black Hawk County's mission to eliminate racism, empower women and promote peace, justice, freedom and dignity for all.
- Every cent of your membership fee supports YWCA programming and services we provide right here in Black Hawk County.
- Your membership ensures you access to our special discounted member rates on Childcare and Health & Wellness Services.
- Your membership is good for one year from date of purchase.
- Your membership is not refundable.

Please complete all sections of your membership application – it is very important. And here's why:

- Your current and complete contact information helps us contact you if/when the need arises and ensures that you will receive up to date information on YWCA programs, services, classes and activities.
- Each year the YWCA applies for thousands of dollars in funds to support YWCA programs and services. Without these crucial funds, the YWCA would not be able to provide the programs and services that are free to participants; nor would we be able to offer and provide the financial assistance utilized by eligible individuals and families to participate in fee-based programs such as child care and fitness classes.

When completing funding applications, requests and reports, the YWCA is regularly asked about the demographics of the individuals we serve (age, gender, race/ethnicity, income, household size, etc.). We can only answer these important questions if you, our participants and members, have provided this important information to us. You are key to our ability to gather this information, so please complete all parts of the membership application.

Please know that the information you provide will only be used for statistical purposes to describe the demographic information of all of the persons served by the YWCA. Your information will be combined with all participants and presented as such. Information will not be shared as specific to any individual.

Thank you for your assistance and for supporting the YWCA with your membership!

YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

APPLICANT INFORMATION

| | | | | |
|---|-------------|--|-----------|--|
| Name: (First) | | (Middle Initial) | (Last) | Date of Birth: |
| Current Address: | | | | |
| City: | State: | | Zip Code: | |
| Phone: | Cell Phone: | | Email: | |
| Gender: M _____ F _____ Non-binary: _____ Rather Not Say: _____ | | Have You/Someone in Your Household Served/Currently Serving in the US Military? Y _____ N _____ | | Do You/Someone in Your Household Have a Disability? Y _____ N _____ |
| Ethnicity (Please see key on the back of this page and put the corresponding letter): | | | | |
| Employer: | | | | |

PARENT/GUARDIAN 1 INFORMATION

| | | | | |
|---|------------------|------------------|-----------|----------------|
| Name: (First) | | (Middle Initial) | (Last) | Date of Birth: |
| <input type="checkbox"/> Address Is Same As Above. | Current Address: | | | |
| City: | State: | | Zip Code: | |
| Phone: | Cell Phone: | | Email: | |
| Gender: M _____ F _____ Non-binary: _____ Rather Not Say: _____ | | | | |
| Ethnicity (Please see key on the back of this page and put the corresponding letter): | | | | |
| Employer: | | | | |

PARENT/GUARDIAN 2 INFORMATION

| | | | | |
|---|------------------|------------------|-----------|----------------|
| Name: (First) | | (Middle Initial) | (Last) | Date of Birth: |
| <input type="checkbox"/> Address Is Same As Above. | Current Address: | | | |
| City: | State: | | Zip Code: | |
| Phone: | Cell Phone: | | Email: | |
| Gender: M _____ F _____ Non-binary: _____ Rather Not Say: _____ | | | | |
| Ethnicity (Please see key on the back of this page and put the corresponding letter): | | | | |
| Employer: | | | | |

YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

PLEASE LIST ALL OTHER INDIVIDUALS THAT LIVE IN YOUR HOUSEHOLD

For additional people living in household, please fill out an additional sheet

| First Name | Middle Initial | Last Name | Birth Date | Gender | School | Grade | Relationship | Race/Ethnicity |
|------------|----------------|-----------|------------|--------------------------|--------|-------|------------------------|----------------|
| | | | | M ___ F ___ Other ___ | | | Child ___ Other ___ | |
| | | | | M ___ F ___ Other ___ | | | Child ___ Other ___ | |
| | | | | M ___ F ___ Other ___ | | | Child ___ Other ___ | |
| | | | | M ___ F ___ Other ___ | | | Child ___ Other ___ | |

RACIAL/ETHNIC BACKGROUND KEY

- | | | |
|---------------------------------------|--------------------------------------|--|
| A) African American or Black | D) Latina/o or Hispanic | G) Hawaiian Native or Pacific Islander |
| B) Arab or Middle Eastern | E) Alaskan Native or Native American | H) Biracial or Multiracial |
| C) Asian, South Asian, Asian American | F) White or European American | I) Other/Unknown |

PRIMARY LANGUAGE SPOKEN AT HOME:

TYPE OF MEMBERSHIP

- | | |
|---|---|
| <p>One Year Single Membership</p> <p>___ Child (through age 13) \$20</p> <p>___ Youth (age 14-17) \$25</p> <p>___ Adult (age 18-64) \$40</p> <p>___ Senior (age 65 & over) \$30</p> | <p>One Year Family Membership</p> <p>___ One Parent / Guardian and Two Children (child or youth) \$65</p> <p>___ Two Parent / Guardian and Two Children (child or youth) \$105</p> <p>___ Number of Additional Children on a Family Membership \$12.50 each</p> |
|---|---|

ADDITIONAL INFORMATION

Please Check the Combined Income for ALL Household Members:

- | | |
|------------------------|--------------------------|
| ___ Less than \$10,000 | ___ \$50,000–\$74,999 |
| ___ \$10,000–\$14,999 | ___ \$75,000–\$99,999 |
| ___ \$15,000–\$24,999 | ___ \$100,000–\$149,999 |
| ___ \$25,000–\$34,999 | ___ \$150,000– \$199,999 |
| ___ \$35,000–\$49,999 | ___ over \$200,000 |

Please Check Type of Household Information:

- | | |
|-----------------------------|-----------------------------|
| ___ Single (under 65 years) | ___ Elderly (over 65 years) |
| ___ Related/Single Parent | ___ Relative/Two Parents |
| ___ Other: _____ | |

Is Head of Household Female? ___

Number in Household ___

HOW DID YOU HEAR ABOUT US?

- | | | |
|--|----------------------------------|--|
| ___ Advertisement (Newspaper, TV, etc.) | ___ Received a Mailing from YWCA | ___ Flier or Information from Child's School |
| ___ Saw a YWCA Brochure/Newsletter | ___ Internet/YWCA Website | ___ Social Media (Facebook, Instagram, etc.) |
| ___ Your employer, organization or college has a program with the YWCA | ___ Referred by Another Agency | |
| ___ Referred by a Professional (Doctor, Therapist) | ___ Referred by a Friend | ___ Referred by a Family Member |

If you were referred, who referred you? _____

EMERGENCY CONTACT INFORMATION

Name & Relationship:

Phone:

YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

LIABILITY AND VERIFICATION WAIVER

By checking these boxes, you are agreeing to the following:

- I have answered all of the above questions to the best of my knowledge. I agree to abide by all YWCA rules, policies, and procedures. I understand that I am voluntarily participating. I hereby waive my right for financial claim against the YWCA, its employees, contractors or consultants, volunteers or any other agents for any injuries or damages which may be incurred as a result of my participation in the programs, activities and/or exercise classes offered by the YWCA.
- I understand that membership is nonrefundable.
- The YWCA has my permission to take my photograph for use in promotional materials in all internal and external media.
- I authorize the verification of the information provided on this form as to my credit and employment.

SIGNATURES

Signature of Applicant:

Date:

Signature of Parent/Guardian:

Date: