

ADULT 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 _____ Who: _____ Accommodations Needed:
Ethnicity (Please see key on the back of this page and put the corresponding letter):				
Employer:				

SPOUSE/PARTNER 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:				

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 _____	

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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

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

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) | ___ Senior (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, etc.) | ___ Referred by a Friend | ___ Referred by a Family Member |

If you were referred, who referred you? _____

EMERGENCY CONTACT INFORMATION

Name & Relationship: _____ Phone: _____

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 Spouse: *(only if for a joint membership):* _____ Date: _____