



JOIN THE YMCA OF GREATER WAUKESHA COUNTY

- ☐ Mukwonago Y
- ☐ New Berlin Y
- ☐ Southwest Y
- ☐ Tri County Y
- ☐ Waukesha Y
- ☐ West Suburban Y

Membership Type Youth Strong at the YMCA

Discount Healthy Living Program

Financially Responsible Member

Primary Member Name (First Middle Last)		DOB	GENDER
Address (Street, City, State, Zip Code)		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Primary Phone	Secondary Phone		<input type="checkbox"/> Daytime <input type="checkbox"/> Evening
Email		I prefer to be contacted <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone	
Emergency Contact	Phone Number		

How would you describe yourself?
(Check one)

☐ African American/Black

☐ Asian

☐ Caucasian/White

☐ Hispanic/Latino

☐ Middle Eastern

☐ Multi-racial

☐ Native American

☐ Other

☐ Native Hawaiian/Pacific Islander

Household Income

☐ \$0 - \$9,999

☐ \$10,000 - \$14,999

☐ \$15,000 - \$24,999

☐ \$25,000 - \$36,999

☐ \$37,000 - \$49,999

☐ \$50,000 - \$74,999

☐ \$75,000 or more

☐ Free and Reduced Priced Lunch

Are you or have you ever been a member of the Armed Forces?
☐ Yes ☐ No

What is the primary language spoken in the home?
☐ English ☐ Spanish ☐ Hmong
☐ Other ☐ N/A

Additional Members

Household memberships are defined as people living at the same permanent residence. Up to two (2) unrelated adults may be on one household membership. All adults must show proof of residence.

Member Name (First Middle Last)	DOB	GENDER	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email (if different from above)	Primary Phone		
Relationship to Primary Member			
Member Name (First Middle Last)	DOB	GENDER	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email (if different from above)	Primary Phone		
Relationship to Primary Member			
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Email (if different from above)	Primary Phone		
Relationship to Primary Member			

Last Name _____ First Name _____
STAFF CHECK LIST ☐ Sex Offender Screening | Staff Initial _____
Member ID# _____ Start Date _____ End Date _____