



MADISON AREA YMCA MEMBERSHIP APPLICATION

Please Print

Office Use Only
Rec'd by: _____

Date _____

- Youth
 Older Youth
 Young Adult
 Adult
 Adult 65+
 Family 65+
 Family - No Children
 Family - Children
 Single Parent Family
 Kirby Family-Children
 Kirby Single Parent Family
 Group Affiliation (if applicable) _____

PRIMARY MEMBER (OR PARENT/GUARDIAN OF MINOR MEMBER)

First Name _____ Last Name _____
 Birth Date ___/___/___ Gender M F Other
 Home Address _____ City, State, Zip _____
 Preferred Phone _____ Cell Phone _____
 Would you like to receive text alerts on facility closings or emergencies? Yes No Carrier _____
 Primary Email Address _____
 Would you like to receive promotional email? Yes No
 Would you like to receive promotional postal mail? Yes No

MEMBER 2: First Name _____ Last Name _____
 Birth Date ___/___/___ Gender M F Other
 Home Address (if different than above) _____ City, State, Zip _____
 Preferred Phone _____ Cell Phone _____
 Would you like to receive text alerts on facility closings or emergencies? Yes No Carrier _____
 Primary Email Address _____
 Would you like to receive promotional email? Yes No

ADDITIONAL MEMBERS (DEPENDENTS UNDER 27)

| Last Name | First Name | Gender | Date of Birth | Relationship to Member 1 |
|-----------|------------|--------|---------------|--------------------------|
| _____ | _____ | _____ | ___/___/___ | _____ |
| _____ | _____ | _____ | ___/___/___ | _____ |
| _____ | _____ | _____ | ___/___/___ | _____ |

EMERGENCY CONTACT INFORMATION

Please indicate if phone is Work, Home or Cell

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Please sign on reverse side



WELCOME TO THE MADISON AREA YMCA!

As a cause-driven 501(c)(3) charitable organization, the Madison Area YMCA believes everyone, regardless of age, income or background, should have the opportunity to learn, grow, and thrive. The Y is inclusive of all people and provides quality programs that develop a healthy spirit, mind and body. **Thanks to the contribution of members and friends, financial assistance is available for those in need.**

Our YMCA core values of caring, honesty, respect and responsibility guide our use of your information. Any information collected about you and your family is kept confidential and only used for Madison Area YMCA purposes. Our complete Privacy Policy can be obtained at your request from any Member Services team member.

GIVE FOR A BETTER US

Are you interested in making a donation to the Annual Fund that provides financial assistance to individuals and families who otherwise could not afford to participate in Y programs?

Available Monthly Recurring Donation Packages:

- **Dollar-A-Day Club:** For \$1 a day, you can make an impact right here in our community. **(\$30/Month)**
- **20/20 Club:** Your vision for an impact in our community is clear; join the 20/20 Club. **(\$20/month)**
- **Coffee Club:** For the cost of a cup of coffee per week, make an impact right here in our community. **(\$10/Month)**
- **Add \$_____ (one-time donation)**

HOW DID YOU HEAR ABOUT US? (Check all that apply)

Internet Search Social Media Friend/Family Newspaper/Magazine Community Event
 YMCA Brochure/Postcard Realtor Email Advertisement Other (Please specify) _____

NEW PROGRAMS

Periodically, we send information on new programming and services. Please indicate what interests you:

What areas interest you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Active Adult Programming | <input type="checkbox"/> Family Programs | <input type="checkbox"/> Special Needs Program |
| <input type="checkbox"/> Birthday Parties | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Sports Programs |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Gymnastics Programs | <input type="checkbox"/> Swim Lessons |
| <input type="checkbox"/> Day Camp Programs | <input type="checkbox"/> Health and Wellness Programs | <input type="checkbox"/> Teen Programming |
| <input type="checkbox"/> Early Childhood Programs | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Enrichment Programs | <input type="checkbox"/> Performing Arts Program | |

OPTIONAL INFORMATION

For grants, funding and statistical purposes, all information is kept confidential.

Income Level of Household: (optional)

- Under \$30,000 \$30,001 to \$60,000 \$60,001 to \$100,000 \$100,000 +

Ethnicity: (optional) Asian African-American Hispanic Latino Caucasian Other: _____

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Name _____ Date _____

Office Use Only

Date processed _____ Membership Type: _____