

OLEAN FAMILY YMCA MEMBERSHIP DATA SHEET				*Membership Code:		*Date:		*MSR Name:		*Input Complete on:		
Last Name		First Name		Middle Initial		Gender	Date of Birth		Home Phone		Cell Phone	Marital Status
Street				City			ST	Zip		Email Address		
Employer Name				Address				Work Phone		Job Title		
Spouse Last Name		First Name		Middle Initial		Gender	Date of Birth		Cell Phone		Email Address	
Employer Name				Address				Work Phone		Job Title		
Emergency Contact Name				Home Phone Number			Other Phone Number					
<b>Child(ren)'s Information</b>								<b>Personal Information</b>				
First Name		Last Name		Date of Birth	Gender	School						
<p>I agree to abide by the rules and regulations of the Olean Family YMCA that are designed for the enjoyment of all members. I understand that participation in YMCA membership and programs is a privilege and the YMCA reserves the right to revoke these privileges as necessary. I understand my photo may be used for YMCA communications pieces.</p> <p><b>Signature</b> _____ <b>Date</b> _____</p>												
<b>*Membership Type</b>		<b>*Join Date</b>		<b>*Method of Payment</b>								
				<input type="checkbox"/> Continuous (Bank Draft) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup>								
				<input type="checkbox"/> Continuous (Credit Card draft) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup>								
				<input type="checkbox"/> Fixed (invoice)								
<b>Staff Initial after completed:</b>		<b>Financial</b>		<b>How long have you lived in this community?</b>								
_____ S.O. list    _____ Data check _____ Expiration date		(backoffice only)		_____ months    _____ years    _____ born & raised								
<p><b>Race</b></p> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____												
<p><b>Annual Household Income</b></p> <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 - \$29,000 <input type="checkbox"/> \$30,000 - \$39,000 <input type="checkbox"/> \$40,000 - \$49,000 <input type="checkbox"/> \$50,000 - \$59,000 <input type="checkbox"/> \$60,000 - \$69,000 <input type="checkbox"/> \$70,000 - \$79,000 <input type="checkbox"/> More than \$80,000												
<p><b>Collaborative Relationships</b></p> Please tell us who your Health Care Provider is: <input type="checkbox"/> Independent Health <input type="checkbox"/> Univera <input type="checkbox"/> Community Blue <input type="checkbox"/> Other _____												
<p><b>Volunteer Opportunities</b></p> Are you interested in volunteering? What areas? <input type="checkbox"/> Program <input type="checkbox"/> Clerical <input type="checkbox"/> Policy <input type="checkbox"/> Fund Raising												
<p><b>How did you hear about the YMCA?</b></p> <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Brochure <input type="checkbox"/> TV <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Work <input type="checkbox"/> Other _____												

*At the Olean Family YMCA, no one is ever denied membership or access to programs due to the inability to pay.*

*We build strong kids, strong families, strong communities.*

\*OFFICE USE ONLY