



# JOIN THE OSWEGO YMCA

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP INFORMATION	<hr/>					
	<b>Primary Adult Name</b>		DOB	Gender		
	Street Address					
	City		State	ZIP		
	Phone		Email			
	Employer Name					
	<b>Secondary Adult Name</b>		DOB	Gender		
	Phone		Email			
	Employer Name					
	DEPENDENTS	Name		DOB	Gender	
Name		DOB	Gender			
Name		DOB	Gender			
Name		DOB	Gender			
Name		DOB	Gender			
			At the YMCA, we are dedicated to helping all kids grow up safe and strong. Therefore, we must ask if you have ever been placed on a sex offender registry: <input type="checkbox"/> YES <input type="checkbox"/> NO			
			EMERGENCY	Contact Name		
				Phone Number		
<b>How did you find out about the Y?</b> <input type="checkbox"/> Another Y Member (Please List Name) _____ <input type="checkbox"/> Internet <input type="checkbox"/> Special Event <input type="checkbox"/> Print/Publication <input type="checkbox"/> Workplace <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____			MEETING YOUR NEEDS	<b>What is Motivating you to join?</b> <input type="checkbox"/> Camp/Childcare <input type="checkbox"/> Boxing <input type="checkbox"/> Family Programs <input type="checkbox"/> Basketball <input type="checkbox"/> Group Ex Classes <input type="checkbox"/> Pickleball <input type="checkbox"/> Personal Wellness <input type="checkbox"/> Other _____		

**Member Signature Required on Other Side**

### Office Use Only

Membership Type	Today's Date	Draft Start Date	Monthly Rate	Staff Initials