



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Insurance-based Membership Application

YMCA of Central Stark County

Date: _____ Staff: _____

Last Name: _____

First Name: _____

Basic Information
Please put the primary member's information in this section.

LEGAL FIRST NAME			M.I.	LAST		
RACE*	ETHNICITY*	GENDER	BIRTHDAY	EMAIL		
MAILING ADDRESS				PREFERRED PHONE # <input type="radio"/> Mobile <input type="radio"/> Landline		
CITY	STATE	ZIP CODE		SECONDARY PHONE # <input type="radio"/> Mobile <input type="radio"/> Landline		
EMERGENCY CONTACT (NAME)				EMERGENCY CONTACT PHONE # <input type="radio"/> Mobile <input type="radio"/> Landline		

Family Members
If you have a spouse also joining through their insurance, please put their info here.

First Name	M.I.	Last Name	Birthdate	Gender	Race*	Ethnicity*	Relationship

*Please write the number that corresponds with your identity in the Race and Ethnicity boxes above. The YMCA is a recipient of grants and donations from local foundations, and state/national federal funding sources. Your help with this information ensures we can apply for future funding.

Race	1. American Indian/Alaskan Native 2. Asian 3. Black or African-American 4. Asian <u>and</u> White 5. American Indian or Alaskan Native <u>and</u> Black or African American 6. Pacific Islander/Native Hawaiian 7. White/Caucasian 8. American Indian or Alaskan Native <u>and</u> White 9. Black or African American <u>and</u> White 10. Other Multi-Racial Combination 11. Prefer not to say	Ethnicity	1. Non-Hispanic/Latino 2. Hispanic/Latino 3. Prefer not to say
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Annual Campaign

Our Annual Campaign allows the YMCA to keep our promise: that no one is turned away from the YMCA due to an inability to pay. This campaign relies on generous donations from our members, program participants, businesses and local foundations.

Please consider donating to provide YMCA memberships and programs for others in your community.

YES! I'd like to help! \$5 \$10 \$15 \$25 \$ Other - (please specify)

Please bill me: Pay now (one time donation) Add to my monthly payment (recurring until end of current year)

Photo/Talent Release
I give permission to the YMCA of Central Stark County & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include any of my family member's or my image or voice for purposes of promoting or interpreting YMCA programs.
Initials _____

YMCA OF CENTRAL STARK COUNTY PARTICIPATION AGREEMENT

FOR OFFICE USE ONLY:

Insurance Program	Fitness ID	Verified By
Silver Sneakers		
Renew Active		
Silver & Fit		