



eliminating racism
empowering women
ywca

APPLICANT FORM

Primary Member
First Name: _____ **MI:** _____ **Last:** _____
Gender: ___ Male ___ Female **DOB:** _____
Race (optional): ___ Native American ___ Caucasian/White ___ Alaskan Native
 ___ African American/Black ___ Asian/Pacific Islander ___ Hispanic ___ Other
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Email Address:** _____
Cell Phone: _____
Employer: _____ **Business Phone:** _____
Emergency Contact: _____
Relation to Primary: _____ **Emergency Contact Phone:** _____

Family Information

Name	Gender(M/F)	Relation to Primary	Date of Birth
_____	_____	_____	_____ (-02)
_____	_____	_____	_____ (-03)
_____	_____	_____	_____ (-04)
_____	_____	_____	_____ (-05)
_____	_____	_____	_____ (-06)
_____	_____	_____	_____ (-07)
_____	_____	_____	_____ (-08)

In consideration of gaining membership or being allowed to participate in the activities and programs of the Bangor Y and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Bangor Y and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Bangor Y or the use of any equipment at the Bangor Y. I agree to adhere to all policies set by the Bangor Y as written in the Bangor Y Membership Handbook.

I give permission to the Bangor Y to use photographs and or videos of myself and above listed family members for the promotion, public relations, records, or other legitimate purposes. I fully understand that there is no monetary payment to be made to me or anyone else.

I HAVE READ AND AGREE THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Signature of Parent or Guardian (If member is under 18) _____

Household Income (optional)

- 0 - \$13,999
- \$14,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$54,999
- \$55,000 - \$74,999
- \$75,000+

Areas of Interest

- Childcare
- Family Recreation
- Parent/Child Programs
- Group Exercise (land)
- Group Exercise (water)
- Sports
- Strength Training
- Summer Camp
- Teen Activities
- Senior Programs
- Social Events
- Swimming
- Volunteerism

Would you like to receive a volunteer application? Yes No

Volunteer Opportunities

(Check each of your interests)

- Childcare
- Coaching
- Facilities/Repair Projects
- Fundraising
- Mentoring
- Office Work
- Program Instruction
- Special Events

How did you hear about the Bangor Y?

- Brochure
- Drive By
- Email
- Friend/Family
- Magazine
- Mail
- Newspaper
- Radio
- Television
- Yellow Pages

For Staff Use Only

Have you completed the following steps with the member?

- Tour
- Monthly Bank Draft
- Orientation and P.E.P
- Membership form completely filled out?
- Membership Card
- Locker Rental and Towel Card
- Babysitting

For Staff Use Only

Please complete the following information for our records.

- Data Entry Initials_____
- Master Membership ID_____
- Membership Type_____
- Amount Paid_____
- Payment Method_____
- Comments_____
- _____