

New
Renew
Change



Southern Prairie YMCA

1201 West Townline Street; Creston, IA 50801

1ST ADULT	Date	First Name	MI	Last Name
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H O M E	Mailing Address		
	City	State	Zip
	Phone	E-Mail	

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.

PLEASE CHECK AREAS OF INTEREST.

	Self	Spouse	Children	Volunteer
Aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics/Group Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteerism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cell phone	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
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Emergency Contact Name and Phone

2 N D A D U L T	First Name	MI	Last Name (if different)
	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to First Adult
	E-Mail		Cell Phone
	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>		Emergency Contact Name and Phone

Ethnic Origin	1 st Adult	2 nd Adult	Dependents
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Income	
<input type="checkbox"/> 0 - 13,999	<input type="checkbox"/> 40,000 - 54,999
<input type="checkbox"/> 14,000 - 24,999	<input type="checkbox"/> 55,000 - 74,999
<input type="checkbox"/> 25,000 - 39,999	<input type="checkbox"/> 75,000 and over

How did you hear about the YMCA

<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Billboard	<input type="checkbox"/> Live in area
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Magazine	<input type="checkbox"/> Work place
<input type="checkbox"/> Current Member	<input type="checkbox"/> YMCA	<input type="checkbox"/> Former Member	<input type="checkbox"/> E-Mail <input type="checkbox"/> Friend/Family

D E P E N D E N T S	First Name	MI	Last Name	Birth Date	Gender	Relationship to First Adult
	First Name	MI	Last Name	Birth Date	Gender	Relationship to First Adult
	First Name	MI	Last Name	Birth Date	Gender	Relationship to First Adult
	First Name	MI	Last Name	Birth Date	Gender	Relationship to First Adult
	First Name	MI	Last Name	Birth Date	Gender	Relationship to First Adult
	First Name	MI	Last Name	Birth Date	Gender	Relationship to First Adult

WAIVER: In consideration of the YMCA accepting this application, I, for myself, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing, release and forever discharge the Southern Prairie YMCA, its branch and its officers, employees, directors, agents, servants, and all persons connected with the YMCA of and from all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing or his/her property at any time.

I declare, for myself and the minor(s) that I/he/she/we am/is/are physically sound and medically approved to participate in the activities of the YMCA.

Signature of Applicant/Parent or Guardian if a minor	Date
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Office use only:	Membership Type	Expiration Date	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual	Initial Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash
	YMCA Staff Member	Monthly Bank Draft Dues Monthly Amount \$ _____	Amount Paid	