

# MEMBERSHIP APPLICATION

**Bradford Family YMCA, 59 Boylston Street, Bradford PA 16701**

<b>NAME</b>		<input type="checkbox"/> Male	Locker #:
	Last                      First                      MI	<input type="checkbox"/> Female	
<b>HOME ADDRESS</b>			
	CITY                      STATE                      ZIP	HOME PHONE	

<b><u>FOR OFFICE USE ONLY</u></b>	
Membership Code	_____
Member ID Number	_____

<b><u>DATE OF BIRTH</u></b> / /	<b><u>MARITAL STATUS</u></b> <input type="checkbox"/> Single <input type="checkbox"/> Married	<b><u>RACE</u></b> <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasiar <input type="checkbox"/> African American <input type="checkbox"/> Other
<b>PREFERRED MAILING ADDRESS</b> <input type="checkbox"/> Home <input type="checkbox"/> Work		
E-MAIL ADDRESS:		

JOIN DATE:	ANNIVERSARY DATE
<b><u>BANK DRAFT INFORMATION</u></b>	
Name of Payee	_____
Bank Name	_____
Routing/Transit Number	_____
Account Number	_____

<b>EMPLOYER</b>	_____		
EMPLOYER ADDRESS	_____		
CITY	STATE	ZIP	WORK PHONE

<b><u>CREDIT CARD INFORMATION</u></b>	
Name of Payee	_____
<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Credit Card #	_____
Expiration Date:	_____
INITIAL MEMBERSHIP PAYMENT RECORD	

<b>SPOUSE INFO</b>	NAME	DATE OF BIRTH	<input type="checkbox"/> Male	Locker #:
	EMPLOYER	/ /	<input type="checkbox"/> Female	
	WORK ADDRESS	WORK PHONE		

<b>EMERGENCY CONTACT</b>	NAME
	PHONE

<b>FAMILY MEMBERS</b>	<b><u>CHILD'S NAME</u></b>	<b><u>DATE OF BIRTH</u></b>	<b><u>SEX (M/F)</u></b>	<b><u>SCHOOL</u></b>	Locker #
	1	/ /			
	2	/ /			
	3	/ /			
	4	/ /			

I/MY FAMILY IS INTERESTED THE FOLLOWING TYPES OF PROGRAMS:

Date of Application	Applicant's Signature
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<b>Payment Plan:</b>	<input type="checkbox"/> Annual Payment <input type="checkbox"/> Bank Draft
Membership	_____
Joining Fee	_____
Maintenace Reserve	_____
Locker Fee	_____
Total Amount Paid	_____
Other:	_____
Total Amount Paid	_____
Y EMPLOYEE SIGNATURE	DATE