



Name (First): \_\_\_\_\_ (MI): \_\_\_\_\_ (Last): \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Employer: \_\_\_\_\_

MARITAL STATUS (please circle one): 1. Married 2. Single 3. Divorced 4. Separated 5. Widowed

INCOME LEVEL (please circle one)

ETHNICITY (please circle)

1. Under \$15,000 3. \$30,000-\$40,000 5. \$55,000-\$70,000 1. Asian 2. Black 3. Hispanic 4. Native American 5. White 6. Other

2. \$15,000-\$30,000 4. \$40,000-\$55,000 6. Over \$70,000

FAMILY MEMBER DEFINITION: Two adults and children under 18 living in same household

SINGLE PARENT FAMILY DEFINITION: 1 adult and 2 children under 18 living in same household

Name (first and last)	Sex	Birthdate	Employer/School	Phone	Email	Relationship

Where did you hear about the Y? (please circle): 1. Radio 2. Mail 3. TV 4. Friend/Relative 5. Special Event 6. Newspaper 7. School 8. Current Member/Program Participant 9. Another Agency 10. Internet 11. Other

Volunteer Opportunities you would be interested in (please circle): 1. Board 2. Sports 3. Childcare 4. Aquatics 5. Special Events 6. Clerical 7. Teen Programs

Sponsorship Opportunities: 1. Sports 2. Childcare 3. Aquatics 4. Special Events 5. Teen Programs

All of the above information is strictly confidential and will help us to better serve the YMCA of Pomona Valley. The YMCA is committed to serving people regardless of age, sex, race, religion or income level.

**PLEASE SEE REVERSE**

**YMCA of Pomona Valley  
Membership Application  
(Please Fill Out Completely)  
Have you ever been a member before? Y or N**

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my participation in YMCA activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Join Date: _____
Mem. Type: _____
Corp. Group: _____
Group #: _____

**MISSION STATEMENT**

**To serve our community by practicing Christian principles through programs that build a healthy spirit, mind and body for all.**