



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Staff Membership Form

Full or Part Time (Circle One)

Branch of your choice: _____

To: *Administrative Assistants/ Office Managers*

From: *Lorene Parker*

MEMBER # _____ **EXPIRES:** _____

MEMBERSHIP CARD # _____

****** PLEASE PRINT & COMPLETE IN FULL**

NAME _____ **PHONE (H) ()** _____

ADDRESS _____ **SEX:** ___ F ___ M

(CITY) **BIRTHDATE** _____

Your YMCA Branch: Childcare Resource Service

Occupation _____

**** Full time staff only**

Family Membership: Please list all family members included.

Spouse: _____ **Birthdate:** _____ **Sex:** ___ F ___ M

1. _____ **Birthdate:** _____ **Sex:** ___ F ___ M

2. _____ **Birthdate:** _____ **Sex:** ___ F ___ M

3. _____ **Birthdate:** _____ **Sex:** ___ F ___ M

4. _____ **Birthdate:** _____ **Sex:** ___ F ___ M

Employee Signature _____ **Date** _____

Administrative Asst. /Office Mgr. _____ **Date** _____