
YMCA Staff Membership Form

Full or Part Time (Circle One)

YMCA Branch of your choice: _____

To: Administrative Asst./Office Managers

From: Lorene Parker

MEMBER # _____

EXPIRES

MEMBERSHIP CARD# _____

PLEASE PRINT & COMPLETE IN FULL

NAME _____ PHONE (H) () _____

ADDRESS _____ SEX ____ F ____ M

(CITY) (ZIP) BIRTH DATE _____

Your YMCA Branch: Childcare Resource Service Occupation

** Full time staff only

**FAMILY MEMBERSHIP Please list all family members included.

Spouse: _____ Birth date: _____ Sex: ____ F ____ M

1. _____ Birth date: _____ Sex: ____ F ____ M

2. _____ Birth date: _____ Sex: ____ F ____ M

3. _____ Birth date: _____ Sex: ____ F ____ M

4. _____ Birth date: _____ Sex: ____ F ____ M

Employee Signature _____ Date _____

Administrative Asst./Office Manager _____ Date _____