

# NORTHWESTERN CONNECTICUT Y

**MISSION:** The Mission of the Y is to build a healthy spirit, mind and body in children and adults through programs that foster caring, honesty, respect, and responsibility.

Primary Member Name: \_\_\_\_\_ CIRCLE Male Female

Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ) \_\_\_\_\_ - \_\_\_\_\_

( Place of Employment: \_\_\_\_\_ Work Phone ) \_\_\_\_\_ - \_\_\_\_\_

( Emergency Contact: \_\_\_\_\_ Emer. Phone ) \_\_\_\_\_ - \_\_\_\_\_

( Membership Type:

- Youth       Teen       Young Adult       Adult       Senior
- Family       Couple       Senior Couple       Staff       Other \_\_\_\_\_

Category:     Facility     Weekday Limited     Adult Weekday     Weekender     Program

### FOR COUPLE & FAMILY MEMBERSHIPS ONLY- ADDITIONAL FAMILY MEMBERS

Name	Relationship	Date of Birth	Male	Female
1. _____	_____	___/___/___	_____	_____
2. _____	_____	___/___/___	_____	_____
3. _____	_____	___/___/___	_____	_____
4. _____	_____	___/___/___	_____	_____
5. _____	_____	___/___/___	_____	_____

**JOINING FEE:** I AGREE to a minimum 12 month membership commitment in exchange for paying no joining fee. Should I cancel my membership prior to 12 months, I will be required AND AGREE to pay the joining fee to the Y.

I opt out of the minimum 12 month commitment and AGREE to pay a joining fee now. Initials \_\_\_\_\_

**MEMBERSHIPS:** are available at reduced rates based on income by the generosity of our members and the community.

**FAMILY MEMBERSHIP:** Provides adults, couples, parents and their children with the use of the facilities, per the schedule. There is a nominal fee for certain classes. The family membership is limited to two adults and dependent children through the age of 22. Please refer to our membership qualification policy.

**PROMOTIONAL PHOTO:** I agree to allow the Northwest CT Y to use my/our photo or video for promotional purposes.

I must check the box and sign here if I do not want to participate \_\_\_\_\_.

**COMMITMENT:** As a member of the Northwestern Connecticut Y, I support the above stated mission and agree to abide by the YMCA constitution, and any rules and regulations of the Y as established by the Y Board of Directors, its delegated committees, and staff.

### VOLUNTARY INFORMATION

The Northwest CT YMCA is a non-profit organization that operates on grants and donations.  
This information is being collected solely for grant writing and funding purposes.

Ethnicity (Circle one):    Asian    Black    Hispanic    Native American    White    Other (Specify) \_\_\_\_\_    Unknown

Household Income (Circle one):            Under \$25,000            \$25,000-\$50,000            \$50,000-\$75,000            \$Over \$75,000

Number of people living in household: \_\_\_\_\_

**MUST SIGN ON REVERSE SIDE**

