

The YWCA of Niagara is a membership organization. Your membership indicates your support of the Association in our local and its National Affiliation. Membership is required for all programs unless otherwise stated. YWCA memberships are not refundable.

Application Date \_\_\_\_\_ Previous member of the YWCA of Niagara? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, when \_\_\_\_\_

Name \_\_\_\_\_  
 (first) (middle initial) (last)

Address \_\_\_\_\_  
 (number & street) (city/town) (state) (zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer/Former Employer \_\_\_\_\_ Occupation \_\_\_\_\_

School Attending (if applicable) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_  
 (first) (middle initial) (last)

Email Address: \_\_\_\_\_

**PERSONAL/FAMILY STATISTICS**

The statistics collected will assist in securing funding through grants, private donations and the United Way and will be held in the strictest of confidence. Thank you for your continued cooperation and support.

Member's Age:  8-24  25-44  45-64  65+

Race/Ethnicity:  African American  Native American  Asian American  Hispanic  Caucasian  Other \_\_\_\_\_

Family Status:  Married  Single  Widowed  Divorced  Single Parent

Children: Please list names and ages (continue on back, if necessary)

CHILD'S NAME	AGE	CHILD'S NAME	AGE

Total Family Income Annually:  
 >\$15,000  \$15,200-\$29,999  \$30,000-\$44,000  \$45,000-\$59,999  \$60,000-\$74,999  \$75,000-\$99,999  \$100,000 >

**REASON FOR MEMBERSHIP** (please check all that apply)

- Administration
- Advantage After School Program
- Adult Classes
- DV/Outreach
- Health & Fitness Center
- Fundraising/Events
- Carolyn's House
- Preschool
- Girls/Woman's Sports
- Niagara Award
- Community Concerns
- School Age Child Care
- Public Relations
- Racial Justice
- 29 & Holding
- Other \_\_\_\_\_
- Service Committee
- Summer Youth Program
- Support Mission
- Other \_\_\_\_\_
- Transitional Housing
- Travelogue
- Volunteerism
- Other \_\_\_\_\_

**VOLUNTEERISM**

Are you interested in volunteer opportunities at the YWCA of Niagara? \_\_\_\_\_ If yes, please indicate below the kinds of activities that interest you.

- Fundraisers
- Community Concerns
- Niagara Award
- Preschool
- Special Events
- Health & Fitness Center
- Office Assistance
- Racial Justice
- Our Friend's Closet
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Special Skills \_\_\_\_\_

Times Available: Morning Afternoon Evening Weekday Weekend Other \_\_\_\_\_

**\*\*\*PAY FOR YOUR MEMBERSHIP BY MAIL \*\*\***

My \$35.00 membership dues are enclosed. (Please do not enclose cash) Check Number \_\_\_\_\_

Please charge my membership dues to my:  VISA  MasterCard Account# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of Authorized User \_\_\_\_\_

In addition to my dues, please accept this contribution to the YWCA of Niagara in the amount of \$\_\_\_\_\_. (This may be tax deductible)

**FOR OFFICE USE**

Payment Date: \_\_\_\_\_ Payment receipt number: \_\_\_\_\_ Member received card: \_\_\_\_\_ (initial)

Data entry into database: \_\_\_\_\_ (initial) File card created: \_\_\_\_\_ (initial) Membership expire date: \_\_\_\_\_