

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)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Advantage After School Program | <input type="checkbox"/> Adult Classes | <input type="checkbox"/> DV/Outreach |
| <input type="checkbox"/> Health & Fitness Center | <input type="checkbox"/> Fundraising/Events | <input type="checkbox"/> Carolyn's House | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Girls/Woman's Sports | <input type="checkbox"/> Niagara Award | <input type="checkbox"/> Community Concerns | <input type="checkbox"/> School Age Child Care |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Racial Justice | <input type="checkbox"/> 29 & Holding | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Service Committee | <input type="checkbox"/> Summer Youth Program | <input type="checkbox"/> Support Mission | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Travelogue | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> 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 \$40.00 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:** _____