

**eliminating racism
empowering women**



Black Hawk County

YWCA Black Hawk County
425 Lafayette St. Waterloo, IA 50703
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Email: ywca@ywcabhc.org
www.ywcabhc.org
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ADULT YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

ADULT INFORMATION

Name: First		Middle Initial	Last	Date of Birth:
Current Address:				
City:	State:	Zip Code:	Phone #:	
Gender: M ____ F ____ Non-binary: ____ Rather Not Say: ____ Primary Language:	Type of Membership: Child: ____ Adult: ____ Senior: ____ Family: ____ Insurance: ____		Ethnicity: 1) African American/Black 2) Arab/Middle Eastern 3) Asian/South Asian/Asian American 4) Latina(o)/Hispanic 5) Alaskan Native/Native American 5) White/Caucasian 6) Hawaiian Native/Pacific Islander 7) Biracial/Multicultural 7) Other/N/A	

SPOUSE INFORMATION

Name: First		Middle Initial	Last	Date of Birth:
<input type="checkbox"/> Address Is Same As Above.	Current Address:			
City:	State:	Zip Code:		
Phone:	Cell Phone:	Email:		
Gender: M ____ F ____ Non-binary: ____ Rather Not Say: ____				
Ethnicity:				
Level of Education (please circle): High School/GED Associate's Bachelor's Masters Doctorate				
Employer:				

YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

PLEASE LIST ALL OTHER INDIVIDUALS THAT LIVE IN YOUR HOUSEHOLD
For additional people living in household, please fill out an additional sheet

First Name	Middle Initial	Last Name	Birth Date	Gender	School	Grade	Relationship	Race/Ethnicity
				M ____ F ____ Other ____			Child ____ Other ____	
				M ____ F ____ Other ____			Child ____ Other ____	
				M ____ F ____ Other ____			Child ____ Other ____	

ADDITIONAL INFORMATION

Please Check the Combined Income for ALL Household members:

- Less than \$10,000 \$50,000 - \$74,999
- \$10,000 - \$14,999 \$75,000 - \$100,000
- \$15,000 - \$24,999 \$100,000 - \$149,999
- \$25,000 - \$34,999 Over \$150,000
- \$35,000 - \$49,999

Please Check Type of Household Information:

- Single Parent: (head of household) Single (under 65)
- Two Parents Split Custody Senior
- Relative Other
- Number in Household

HOW DID YOU HEAR ABOUT US?

- Advertisement (Newspaper, TV, etc.) Received a Mailing from YWCA Flier or Information from Child's School
- YWCA Brochure/Newsletter Internet/YWCA Website Social Media (Facebook, Instagram, etc.)
- Your employer, organization or college has a program with the YWCA Referred by Another Agency
- Referred by a Professional (Doctor, Therapist) Referred by a Friend Referred by a Family Member

If you were referred, who referred you? _____

EMERGENCY CONTACT INFORMATION

First/Last Name: _____ **Relationship:** _____ **Phone Number:** _____

YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

LIABILITY AND VERIFICATION WAIVER

By checking these boxes, you are agreeing to the following:

- I have answered all of the above questions to the best of my knowledge. I agree to abide by all YWCA rules, policies, and procedures. I understand that I am voluntarily participating. I hereby waive my right for financial claim against the YWCA, its employees, contractors or consultants, volunteers or any other agents for any injuries or damages which may be incurred as a result of my participation in the programs, activities and/or exercise classes offered by the YWCA.
- I understand that membership is nonrefundable.
- The YWCA has my permission to take my photograph for use in promotional materials in all internal and external media.
- I authorize the verification of the information provided on this form as to my credit and employment.

SIGNATURE

Signature: _____

Date: _____