

Katy Family YMCA Program Membership Application
PLEASE FILL OUT COMPLETELY

**09/10 Adventure Guides,
Princesses & Trailblazers**

A D U L T S	Program Membership Type 81		Katy Family YMCA		Branch No. 151		Member No.	
	Head of Household Last Name		First Name		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
	Mailing Address			Date of Birth		Join Date		Anniv. Date
	City:		State:	ZIP:	Home Phone		Cell	
	E-mail address					Employer		
	Spouse's Name			Date of Birth		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Emergency Contact				Emergency Phone Numbers			
Annual Household Income <input type="checkbox"/> under \$15,000 <input type="checkbox"/> \$15,000-\$34,999 <input type="checkbox"/> \$35,000-\$54,999 <input type="checkbox"/> \$55,000-\$74,999 <input type="checkbox"/> \$75,000-\$100,000 <input type="checkbox"/> over \$100,000 (to help prove the YMCA serves everyone)								
C H I L D R E N	Child's Last Name		First Name		Date of Birth	Grade(08-09)	Sex (M/F)	School
	Child's Last Name		First Name		Date of Birth	Grade(08-09)	Sex (M/F)	School
	Child's Last Name		First Name		Date of Birth	Grade(08-09)	Sex (M/F)	School
	Child's Last Name		First Name		Date of Birth	Grade(08-09)	Sex (M/F)	School
	I agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me while on any YMCA premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. Signature_____							

• I am in the following tribe_____

Check one:

- I am a current YMCA Facility Member _____
- I am a current YMCA Program Member _____
- I am a past YMCA Facility or Program Member _____
- I have never been a member of the YMCA _____

Please return by one of the following methods:

Mail or drop off
Katy Family YMCA
Attn Brandon
22807 Westheimer Parkway
Katy, Tx 77494

Fax
281-392-4664
Attn Brandon

Scan/Email
Brandon.gonzalez@ymcahouston.org