

Adair County Family YMCA Application for Membership

🗖 Full Pay	_ □ Full Pay □ E.F.T. □ Other:		
Adult 🗖 Youth	☐ Sr. Adult	☐ Sr. Couple	☐ College
MI Last			
(02) Spouse First Name MI Last			
	Zip C	Code	
ddress			
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ionship	F	Phone	
Family Membership Information (List Last Name if Different) List the names of everyone included in your family membership. Those included in your family membership must be claimed as a dependent on your Federal Income Tax Form. Those over 18 and not claimed on your taxes must have their own adult membership.			
Birth Date /	Age	Relationship	0
ion. This informa	ation is kept c	onfidential.	
How did you hear about the Y? ☐ Newspaper ☐TV ☐ Radio ☐ YMCA Brochure ☐ Member ☐ Other:			
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