

eliminating racism  
empowering women

# YWCA Chester County

achieving potential

123 N. Church St.  
West Chester, PA 19380  
610.692.3737,  
fax 610.692.5014  
[ywcacc@comcast.net](mailto:ywcacc@comcast.net)  
[www.ywca.org/chestercounty](http://www.ywca.org/chestercounty)

## Membership Application Form

Please return this form, along with your check payable to YWCA of Chester County at:  
123 N. Church St.  
West Chester, PA 19380

You are also welcome to pay by phone with a credit card and fax your form to us at: 610.692.5014  
OR: complete the form and payment online at <http://www.ywcachesco.org/membership.html>

*Membership fees are nonrefundable,  
Contributions above basic dues are tax deductible.*

Please Print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

In Case of Emergency Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Persons you are registering:

| Last Name | First Name | Class | Day | Time | Amount |
|-----------|------------|-------|-----|------|--------|
|           |            |       |     |      |        |
|           |            |       |     |      |        |
|           |            |       |     |      |        |

*Release: The YWCA of Chester County has my permission to use photos, videos, or audiotapes taken of me or my minor children for the purpose of publicizing YWCA activities. In consideration of acceptance by the YWCA of my registration, I hereby, on my behalf and on behalf of my heirs and personal representative, waive and release the YWCA of Lincoln from any and all claims of injury, illness, or damage arising from my participation in YWCA programs and/or classes (If under 19, signature of parent or guardian required).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following will help the YWCA make plans to serve our community more effectively.  
Information is **voluntary** and failure to complete this section **will not affect your membership**.  
**This information is kept confidential.**

Sex: Male Female If Guardian, Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Participant Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Household Income Under \$5,000 \$5,000-\$14,999 \$15,000-\$29,999 \$30,000-\$44,999  
\$45,000-\$59,999 \$60,000-\$74,999 \$75,000-\$99,999 \$100,000+

Number of people in your household: \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_  
Secondary \_\_\_\_\_

Race/Ethnicity: African American Caucasian Other :  
Alaskan Native Cuban Other Hispanic  
American Indian Mexican Puerto Rican  
Asian or Pacific Islander Multiracial Unknown

Do you have a disability? Yes No If yes, do you require special assistance? Yes No

Annual Membership:

\_\_\_\_\_ Adult 16-59 (\$35) \_\_\_\_\_ Senior Citizen 60+ (\$15) \_\_\_\_\_ Youth 12 -15 (\$20)

For Office Use Only:

Amount Paid: \_\_\_\_\_ Membership Amount: \_\_\_\_\_ Donation Amount: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

Check/Card Number: \_\_\_\_\_

Expires: \_\_\_\_\_ Received By: \_\_\_\_\_

Membership Card Issued: Yes No Processed By: \_\_\_\_\_ Verified By: \_\_\_\_\_