

# Columbus Family YMCA

## Membership Update

**\*Denotes required fields**

### Primary member information

Member name\* \_\_\_\_\_ Birthdate\*(00/00/0000) \_\_\_\_\_

Gender\*      Male    Female      Race \_\_\_\_\_ Marital status \_\_\_\_\_

Home address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Primary phone\* \_\_\_\_\_ Other phone \_\_\_\_\_

E-mail \_\_\_\_\_ Membership type \_\_\_\_\_

Emergency contact \_\_\_\_\_ Emergency phone \_\_\_\_\_

### Additional members on this unit

Spouse \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Child \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Child \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Child \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Child \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Child \_\_\_\_\_ Birthdate\* \_\_\_\_\_

Child \_\_\_\_\_ Birthdate\* \_\_\_\_\_

### Required for anyone 18 years of age and younger

\*Emergency contact (first, last) \_\_\_\_\_

\*Emergency phone number \_\_\_\_\_