

YWCA of Riverside County Membership Application

Date _____

Ms. Mrs. Miss Mr.

Name _____

Address _____

City _____ Zip _____

E-mail address: _____

Female Age _____

Male Birthdate ____/____/____

Home Phone _____

Cell Phone _____

Work Phone _____

Mailing address (if different)

Address _____

City _____ Zip _____

Preferred Method of Communication:

Mail Phone E-mail

I would like to join the YWCA of Riverside County as a(n):

Member:

Associate:

Female, age 12-20

\$30

Male, age 12-20

\$30

Female, age 21-61

\$50

Male, age 21-61

\$50

Female, age 62+

\$35

Male, age 62+

\$35

I would like to volunteer with the YWCA of Riverside County

I would like to contribute to the YWCA of Riverside County:

\$1000 \$500 \$150 \$100 \$50 \$ _____

Make checks payable to the YWCA or Please charge my:

Visa Master Card American Express Discover

Card# _____ Expiration Date _____

Name on Card _____

Signature _____ Date _____

The YWCA receives funding from United Way and other funders who require statistical information about the members we serve. The following information is for data reporting only, and is held in strict confidence.

Ethnicity: Native American Asian-American/Pacific Islander African-American Hispanic
 Caucasian Other

Household income: Under \$15,000 \$15,000-\$29,999 \$30,000-\$44,999 \$45,000-\$59,999
 \$60,000-74,999 \$75,000-\$99,999 Over \$100,000

Number in household: _____

Signature of Applicant _____ **Date** _____

Complete this section if member is a minor

Parent/Guardian: _____
(if different from above)

Address _____ Work _____ Home _____ Cell _____

Youth is living with Mother Father Both Parents Guardian (Please list relationship) _____

Signature of Parent or Guardian _____ Date _____