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Y Staff



MEMBERSHIP APPLICATION

NAME LAST		FIRST	MIDDLE INITIAL
HOME ADDRESS			
CITY	STATE		ZIP
PLACE OF EMPLOYMENT			
HOME PHONE		BUSINESS PHONE	
CELL PHONE		EMAIL	
EMERGENCY CONTACT		EMERGENCY PHONE	

BIRTH DATE		GENDER	
TYPE OF MEMBERSHIP		DATE	
APPLICANT'S SIGNATURE			
SPOUSE		BIRTHDATE	
NAMES OF CHILDREN		BIRTH DATE	GENDER
CASUAL NAME		ETHNIC ORIGIN	

MISSION STATEMENT

The primary purpose of this Association is to help people to find a faith in God as seen in the life and teachings of Jesus Christ, to relate them to the church of their choice, and to help them develop a Christian way of life by the maintenance of such facilities, and services as will contribute to their spiritual, mental, physical, and social growth.

Monthly E-Pay
 Full Pay
 Payroll Deduct.
 Designation: Employee
 Volunteer
 Cont.

DATE	STAFF NOTES

DATE	TRANSACTION NUMBER	CLASSIFICATION	MEMBERSHIP		PAYMENT	OPEN BALANCE
			ANNIVERSARY DATE AND/OR MEMBERS NO.	VALUE OR BALANCE FWD.		