

MEMBERSHIP

YWCA Mohawk Valley 1000 Cornelia Street Utica, NY 13502
Phone: (315) 732-2159 Fax: (315) 732-8760
www.ywcamv.org

Please fill in the information below and return this form with payment to
YWCA Mohawk Valley, 1000 Cornelia St., Utica, NY 13502

Name: _____ Date of Birth: / / Sex: F M
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Business Phone: _____
Place of Employment: _____ E-Mail: _____

YWCA Annual Membership Fees

Membership Status: New Renewal Current

- 1. Member (Female) \$ 25.00
- 2. Associate (Male) \$ 25.00
- 3. Student (Age 12-18) \$ 10.00

YWCA MEMBERSHIP FEE (Select \$ Fee from Above)		\$
		\$
	TOTAL MEMBERSHIP FEE *	\$

I would like to add the following contribution to my membership fee to support all the great programs at the YWCA: \$ _____
TOTAL AMOUNT ENCLOSED \$ _____

* Your membership fee is tax-deductible to the full extent provided by law.

Make checks payable to: **YWCA Mohawk Valley**
or you may charge to your Visa MasterCard

Account No. _____

Expiration Date / / 3-Digit Security Code: _____ **Signature X** _____

Registration by CHARGE cannot be processed without your signature.
I hereby authorize the YWCA to use my credit card to process my membership/registration in the total amount shown above.

The following information below is optional. It assists our monitoring of diversity for funding purposes and helps us to serve our community more effectively.

Ethnic Identity: () Black/African American () Caucasian/White () Hispanic/Latina
() Asian/Pacific Islander () American Indian/Alaskan Native () Other

Age: () 12-14 () 15-18 () 19-64 () 65+ **Household Size:** _____

Family Income: () 0-14,999 () 15,000-24,999 () 25,000-34,999 () 35,000-44,999 () over 45,000

