



MEMBERSHIP/ASSOCIATE APPLICATION FORM

Please return this form, with your check, payable to "YWCA of Western New York" to
YWCA of WNY, 1005 Grant St. Buffalo, NY 14207
 (membership fees are non-refundable)

Contributions above basic dues are tax deductible

PLEASE CHECK ONE:

- Adult Member \$35.00 (Women)
- Adult Associate \$35.00 (Men)
- Female Senior 60+ \$15.00
- Kathryn Willett \$100.00
- Mary Louise Emerson \$250.00
- Ann Haines Founders Club \$1000
- Female Student \$15.00
- Male Student \$15.00
- Male Senior 60+ \$15.00
- Fillmore/Cleveland \$150.00
- Mary E. Wood \$500.00
- Teen Member 12-17 \$10.00
- Teen Associate 12-17 \$10.00
- Professional \$50.00

SALUTATION: CIRCLE ONE: Ms. Mrs. Mr. Dr. Rev. Hon.

Name _____
 Last First Middle Initial

Mailing Address _____
 City State Zip

Telephone _____
 Home Work Cell

Email Address _____
 Employer _____

IN CASE OF EMERGENCY

Name _____ Relationship _____

Telephone _____
 Home Work Cell

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, nor will it be used for purposes of employment.

SEX Female Male

AGE 12 - 14 15 - 16 17 - 24 25 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65+

ETHNIC IDENTITY

Black/African American Hispanic/Latina American Indian/Alaskan Native

Caucasian, White Asian/Pacific Islander Other