

questionnaire

Programs of Interest *(Circle all that apply)*

Childcare* Youth Services
Sexual Assault Prevention & Counseling Center
Residence* Adult Services
Racial Justice and Public Policy
**membership is required, other fees may also apply*

How did you hear about the YWCA

(Please circle all that apply)

Newspaper Race Against Racism
Brochure/Flyer 'our voice' newsletter
Referral Parent Source
Central Penn Parent United Way
TV
Other *(list)* _____

Are you interested in becoming a volunteer?

(Please circle yes or no)

Yes No

Demographics

The following information helps us obtain funding, report populations served and determine programming. All information is confidential and has no bearing on your ability to participate in programs.

(Please circle all that apply)

Racial/Ethnic Background

American Indian
Asian-American
Black/African American
Hispanic/Latina(o)
Multi-Racial
Pacific Islander
White/Caucasian (Non-Hispanic)
Other *(list)* _____

Household Income

Under \$15,000 \$60,000-74,999
\$15,000-29,999 \$75,000-99,999
\$30,000-44,999 \$100,000+
\$45,000-59,999

about membership

The YWCA is the oldest and largest multi-racial women's organization in the world. Become a part of this worldwide movement of women working to empower women and girls and eliminate racism in over 300 communities throughout the United States and in 126 other countries.

YWCA Lancaster was founded in 1889 and currently serves 10,000 residents of Lancaster County each year through our Residence, Empowerment Center, Child Care, Racial Justice Initiatives and Sexual Assault Prevention and Counseling Center.

Members of the YWCA are women of vision, committed to making our community, our country and our world a better place for all. YWCA members have a strong and unified voice supporting women's rights, opposing racism, and creating public awareness of social and political issues affecting women and their families.

Voting members are women 15 years and older who may vote for the Board of Directors, Nominating Committee and constitutional changes. Your YWCA membership may be used at any other YWCA in the United States and throughout the world.

Men and boys are welcome to participate in YWCA programs and activities as Allies.

our mission

YWCA Lancaster is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

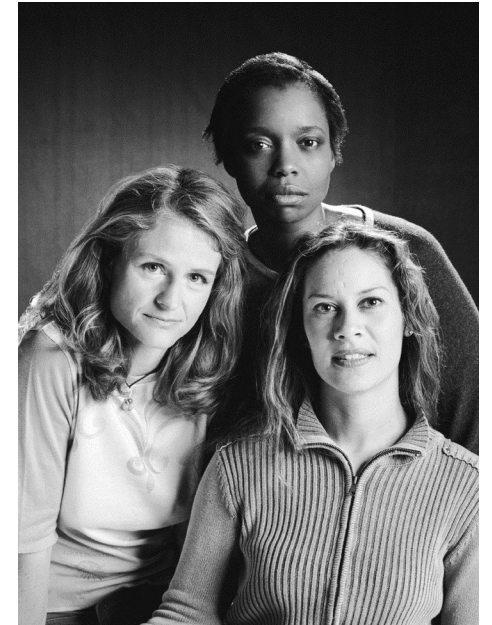
**eliminating racism
empowering women
ywca**

YWCA Lancaster
110 N. Lime St.
Lancaster, PA 17602
717-393-1735

www.ywcalancaster.org

A United Way Agency

ywca membership application



**eliminating racism
empowering women
ywca**

lancaster

A - INDIVIDUAL ADULT MEMBER/ALLY

First and last names

Female Male Birth date: / /

Address

City, State & Zip

E-mail

Phone (Home)

Phone (Work)

Phone (Cell)

B - INDIVIDUAL STUDENT MEMBER/ALLY

First and last names

Female Male Birth date: / /

Parent/Guardian first and last names

Address

City, State & Zip

E-mail

Phone (Home)

Phone (Work)

Phone (Cell)

C - INDIVIDUAL MEMBER/ALLY WITH CHILDREN UNDER AGE 6

Member's First and last names

Female Male Birth date: / /

Address

City, State & Zip

E-mail

Phone (Home)

Phone (Work)

Phone (Cell)

Please list the names and birth dates of pre-school children to be included under the adult membership

Full Name	M/F	Birth date
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

D - FAMILY MEMBERSHIP (includes 2 adults and children under age 18 in the same household)

Member's First and last names

Female Male Birth date: / /

Address

City, State & Zip

E-mail

Phone (Home)

Phone (Work)

Phone (Cell)

Please list the names and birth dates of family members to be included under the family membership

Full Name	M/F	Birth date
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

YWCA Membership and Ally Fees

Members are women and girls 12 years and older. Allies are men and boys who support and participate in the mission and programs of the YWCA.

Membership fees are non-refundable and prorated according to the month in which you join from July 1 to June 30. All memberships will renew on July 1 of each year.*(Circle all that apply)***Adult** (Age 18+) \$36*(Pre-school children are included under a parent's or guardian's membership.)***Family** \$54*(includes 2 adults & children under 18 in the same household)***Senior Citizen** (Age 60+) \$24**Youth** (Ages 5-17) \$15**Donations** *(all donations above the cost of membership fees are tax deductible)*

Annual Campaign \$

Child Care Scholarship Fund \$

(Funds used to provide subsidies to low and moderate income families in our child care programs)

Carol Pyfer Scholarship Fund \$

*(Funds used to provide child care or camp scholarships to children who have been abused)**For office use only:*

CDC CEC RES SACC

___ issued in person ___ Mailed

Amount: Cashier:

Date: Receipt#:

Voucher made for TY letter/s: yes / no

PLEASE COMPLETE THE QUESTIONNAIRE ON THE OTHER SIDE OF THIS FORM