

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

# **MEMBERSHIP** FOR ALL YMCA OF VINCENNES

#### THE ESSENCE OF THE Y

With commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Vincennes ensures every individual has access to the essentials needed to learn. grow and thrive.

#### **EVERYONE IS WELCOME**

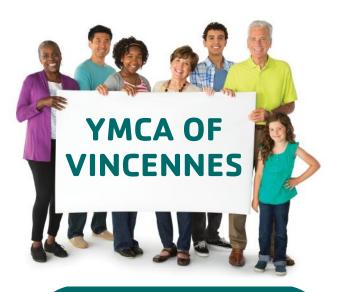
The YMCA welcomes all who wishes to participate and believes no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign, the Y provides assistance to youth, adults, and families based on individual needs and circumstances.

#### COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by the Y in a fair and consistent manner. YMCA members can feel confident in knowing they are part of an organization who cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

## **APPLICANT INFORMATION**

Name	DOB		
Email			
Mailing Address	City		
Cell Phone	State		
Home Phone	Employer		



### **PLEASE NOTE**

- **Support from our Annual** Campaign reduces membership and program fees; it does not eliminate them.
- Support is awarded based on household size and annual income. All support will be granted for 1 year.
- Membership and program fees are subject to change upon review.
- Members are responsible for payments for the duration of the membership. A 10-day notice is required to cancel membership for any reason.

Support is granted following a review of all documentation. The Y reserved the right to request additional information when necessary.

Parent/Guardian/Adult (PRIMARY)  Parent/Guardian/Adult-relation to primary  Child-relation to primary  Child-relation to primary				e the category for which you applying		
		DOB		Household (2 Adults Plus Children) Adult (24+)		
		DOB	<u>a</u>			
			돐	Senior Household (2 Adults 60+ Senior (60+)		
		DOB	E C			
Child-relation to primary		DOB	MEMBERSHIP	Young A	<b>Adult</b> (19-24)	
Child-relation to primary		DOB	DOB		Youth (0-18)	
hild-relation to primary		DOB		Walking (19+)		
PROVIDE ONE OF THE	HE FOLLOW	ING OPTIONS:	5 SOURC	ES OF MON	ITHLY INCOME/EXPENSI	
I FILED FEDERAL TAXES	חוח ו	NOT FILE FEDERAL	INCOM	<u>1E</u>	<u>EXPENSES</u>	
FOR LAST YEAR		ES FOR LAST YEAR	Wage	s: \$	Rent: \$	
1040 Federal Tax Form(s)	A state	A statement of non-file from		51: \$	Utilities: \$	
or all incomes in household	or all incomes in household		Disabilit	y: \$	Groceries: \$	
		I Security Benefit ent or most recent	Child Suppor	t: \$	Phone: \$	
		pay stub	Food Stamp	s: \$	Alimony: \$	
MY HOUSEHOLD INCOME CHAN	IGED SINCE I FI	LED TAXES LAST YEAR	Alimon	y: \$	Child Support: \$	
Include current federal tax for		forms			Other: \$	
Include explanation for reason of		of income		.L: \$		
MONTHLY INCOME X I	$2 = \$_{\frac{1}{1000000000000000000000000000000000$	HOUSEHOLD INCOME				
(INCLUDE CHILD SUPPORT	AND GOVERN	MENT ASSISTANCE)				
6 How will you benefit	from a Y m	nembership?	_			
certify the above information is true and	complete to the be	est of my knowledge, and I do	not have additional inc	come not repres	ented above. I agree, if nec-	
ssary, to send additional information and event I, or my children must cancel our pa						
y any of the above information, I will not	be eligible for assis	stance now and/or in the futu	re.			
ignature of Applicant			Date			
Office Use Only Date Memb	er#	Rcpt#		Staff		