



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.

1 APPLICANT INFORMATION

Name DOB

Email

Mailing Address City Zip

Cell Phone State

Home Phone Employer

Emergency Contact Name Phone:

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.

2 ALL PERSON IN HOUSEHOLD APPLYING FOR MEMBERSHIP

Parent/Guardian/Adult (PRIMARY)	DOB	Gender
Parent/Guardian/Adult-relation to primary	DOB	Gender
Child-relation to primary	DOB	Gender
Child-relation to primary	DOB	Gender
Child-relation to primary	DOB	Gender
Child-relation to primary	DOB	Gender
Child-relation to primary	DOB	Gender
Child-relation to primary	DOB	Gender

3 I AM APPLY FOR
Circle the category for which you are applying

MEMBERSHIP

- Household (2 Adults Plus Children)
- Adult (24+)
- Senior Household (2 Adults 60+)
- Senior (60+)
- Young Adult (19-24)
- Youth (0-18)
- Walking (19+)

4 PROVIDE ONE OF THE FOLLOWING OPTIONS:

<p>I FILED FEDERAL TAXES FOR LAST YEAR</p> <p>1040 Federal Tax Form(s) for all incomes in household</p>	<p>I DID NOT FILE FEDERAL TAXES FOR LAST YEAR</p> <p>A statement of non-file from AND Social Security Benefit Statement or most recent pay stub</p>
<p>MY HOUSEHOLD INCOME CHANGED SINCE I FILED TAXES LAST YEAR</p> <p>Include current federal tax forms</p> <p>Include explanation for reason of income</p> <p>\$ _____ x 12 = \$ _____</p> <p style="font-size: small;">MONTHLY INCOME TOTAL ANNUAL HOUSEHOLD INCOME</p> <p>(INCLUDE CHILD SUPPORT AND GOVERNMENT ASSISTANCE)</p>	

SOURCES OF MONTHLY INCOME/EXPENSE

INCOME	EXPENSES
Wages: \$ _____	Rent: \$ _____
SSI: \$ _____	Utilities: \$ _____
Disability: \$ _____	Groceries: \$ _____
Child Support: \$ _____	Phone: \$ _____
Food Stamps: \$ _____	Alimony: \$ _____
Alimony: \$ _____	Child Support: \$ _____
Other: \$ _____	Other: \$ _____
TOTAL: \$ _____	TOTAL: \$ _____

6 How will you benefit from a Y membership?

I certify the above information is true and complete to the best of my knowledge, and I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event I, or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provide to others. I understand that if I falsity any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of Applicant

Date

For Office Use Only:

Date: _____ Member# _____ Rcp# _____ Staff _____

Membership Type: _____ Healthways ID: _____ Genesis? Y _____ N _____