Membership For All Program

Last Name_____ MI ____ First Name _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____ Home Phone _____

Are you applying for Membership OR Programs? Only one per form. Please check below:

Membership Type:

____ Adult ____ Family Household

____ One Parent Family

Programs: _____ Lessons ____ Camp

_____ Swim Team ____ Child Care

_____ Sports ____ Other

Are you currently receiving financial assistance from the YMCA? Yes ____ No ____

Terms and Application Information:

- Renewal applicants will be asked to submit a renewal application and income verification as well as a letter of experience explaining how the Y's services have impacted your life.
- All eligible applicants will be asked to pay a portion of the dues.
- Applicants must include a copy of recent Federal tax return, last 2 pay stubs of everyone in the household, the most recent W-2 of everyone in the household and a personal letter. All information is confidential.
- Families applying for assistance for child care must first seek assistance through the Department of Human Services and/or United Way; proof of denial is required before applicant is determined eligible.
- All applications must be completed thoroughly and accurately to be processed.

Income:

$ _____ Gross Monthly Income - 1st Adult

$ _____ Gross Monthly Income - 2nd Adult

$ _____ Child Support

$ _____ Public Assistance (TANF, Food Stamps)

$ _____ Unemployment

$ _____ Social Security

$ _____ Retirement Pension

$ _____ Alimony

$ _____ Other

$ _____ Total Monthly Income

Documentation Checklist:

_____ Federal tax return (Form 1040). If you do not have a copy, please call 800-829-1040 for a duplicate.

_____ Last 2 pay stubs of everyone in the household

_____ Most recent W-2 of everyone in the household

_____ Personal Letter

How much do you feel you can pay per month?_____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have income not represented above.

_____ _____

Signature of person completing this application Date

Office Use Only:

Monthly Membership Rate: $ _____ **OR** Program Percentage Discount _____%

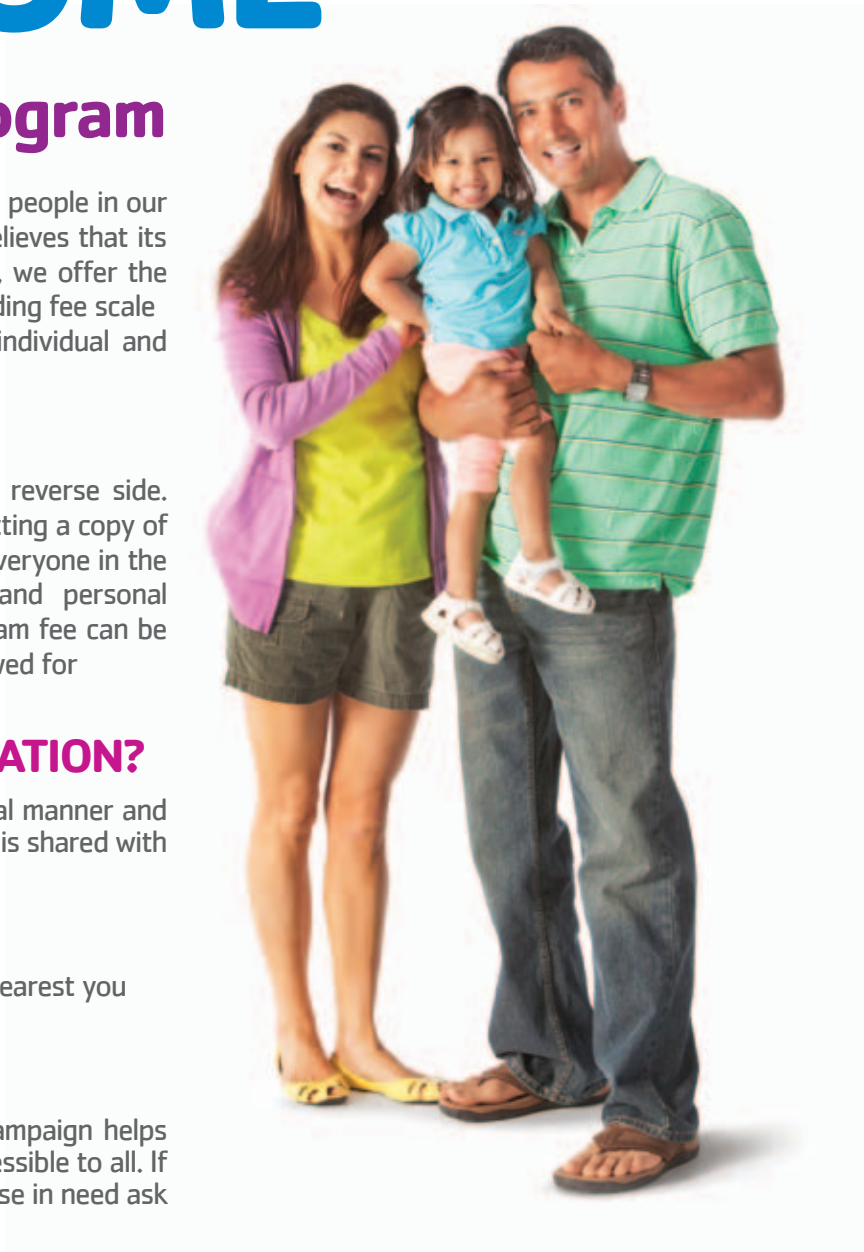
Approved by (MFA Coordinator): _____ Date: _____

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYONE IS WELCOME

Membership For All Program



The heart of the Y's mission is to reach out and serve all people in our communities. Because the Y is community-based and believes that its programs and services should be available to everyone, we offer the "Membership For All" program. This program offers a sliding fee scale that is designed to fit the financial situation of each individual and family in our community.

HOW DO I APPLY?

Complete the "Membership For All" application on the reverse side. Verification of income will need to be provided by submitting a copy of your most recent tax return, the last two pay stubs of everyone in the household, most recent W-2 of everyone in household and personal letter so that the amount of your membership or program fee can be determined. Membership and program fees will be reviewed for eligibility annually.

WHO SEES MY FINANCIAL INFORMATION?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by Y staff. No information is shared with any other agency or organization.

WANT TO KNOW MORE?

Call (513) 362-YMCA, visit MyY.org or come in to the Y nearest you for more information today!

YOU CAN HELP!

Thanks to our generous donors, our annual support campaign helps fund our Membership for All program to make the Y accessible to all. If you want to make a tax-deductable donation to help those in need ask our staff today.

YMCA OF GREATER CINCINNATI
A United Way Agency Partner