



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership & Program Support Application

THE ESSENCE OF THE Y

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

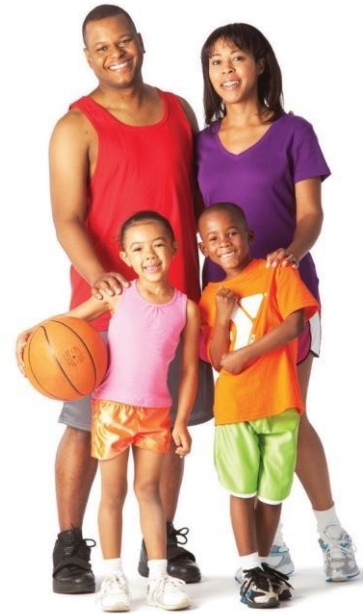
EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that 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. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants can feel confident knowing that they are a part

of an organization that cares greatly for the well being of all people, and is committed to youth development, healthy living and social responsibility.



Number of Members in the Household

Family Income	1	2	3	4	5+
\$0 - \$14,299	50%	55%	60%	65%	65%
\$14,300 - \$20,899	40%	50%	55%	60%	65%
\$20,900 - \$27,499	30%	40%	50%	60%	65%
\$27,500 - \$36,299	10%	25%	35%	50%	60%
\$36,300 - \$41,799	0%	20%	40%	45%	55%
\$41,800 - \$54,999	0%	0%	25%	40%	50%
\$55,000 - \$59,999	0%	0%	20%	30%	40%

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, up to \$60,000. All support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- Members are responsible for payments for the duration of the membership. A 15-day notice is required to cancel membership for any reason.
- Support is granted following a review of all documentation.
- The Y reserves the right to request additional information when necessary.

www.MCYMCA.com

MEMBERSHIP AND PROGRAM SUPPORT APPLICATION

1 APPLICANT INFORMATION:

Name	DOB
Email	
Mailing Address	
City	
State	ZIP
Home Phone ()	
Cell Phone ()	
Employer	

2 ALL PERSONS LIVING IN HOUSEHOLD:

Parent/Guardian/Adult	DOB
Parent/Guardian/Adult	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Other Dependent(s)	DOB(s)

3 I AM APPLYING FOR:

MEMBERSHIP TYPE

Youth

Adult (ages 18+)

Senior Adult (ages 62+)

Single Parent Household

Family

Couple (2 adults in same household)

Senior Couple (one member 62+)

Youth Programs Only

4 PROVIDE DOCUMENTS FOR *ALL* HOUSEHOLD MEMBERS:

I FILED FEDERAL TAXES FOR LAST YEAR

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household
 -OR-
 2 months of most recent pay stubs

A Statement of Non-File from the IRS
 -AND-
 Social Security Benefit Statement and 2 months of most recent pay stubs

MY HOUSEHOLD INCOME HAS **CHANGED** SINCE I FILED TAXES LAST YEAR

YES NO

Include current federal tax forms
 Include explanation for reason of income change

\$ _____ x 12 = \$ _____
 MONTHLY INCOME (INCLUDING CHILD SUPPORT & GOV'T ASSISTANCE) TOTAL ANNUAL HOUSEHOLD INCOME

IF INCOME HAS CHANGED, PLEASE PROVIDE REASON WHY:

5 SOURCE(S) OF MONTHLY INCOME:

Wages: _____

SSI: _____

Disability: _____

Child Support: _____

Other: _____

Total: _____

6 HOW I WILL BENEFIT FROM A Y MEMBERSHIP:

7 I WOULD LIKE TO GIVE BACK, PAY IT FORWARD, OR HELP OTHERS BY:

- DONATING \$ ____ TO THE ANNUAL CAMPAIGN VOLUNTEERING MY TIME

At the YMCA we are all about giving back to our communities! Help us in doing so by giving some of your time (coaching, annual cleanup days, or even a small donation.) Even the smallest amount can make a big difference in someone's life!

I certify that the above information is true and complete to the best of my knowledge, and that 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 that I or my children must cancel our participation I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

8 SIGNATURE

DATE

FOR STAFF USE ONLY:

Date Submitted: _____

New Member -or- Existing Member Membership Exp. Date: _____ Past Due Amount: \$ _____

Membership Discount: _____ % Approved for Monthly Rate: \$ _____ 6-Month Rate: \$ _____ Annual Rate: \$ _____

Staff Reviewed: _____