



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO MEMBERSHIP FOR ALL

## MEMBERSHIP FOR ALL Application (Funded through the Y's Annual Campaign)

### 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 Baker County 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 believe that no one should be denied access to the Y based on their ability to pay. Through our **MEMBERSHIP FOR ALL** program, the Baker County YMCA provides assistance to youth, adult and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance.

Baker County YMCA members can feel confident knowing that they are 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.

### MEMBERSHIP FOR ALL INFORMATION

- **MEMBERSHIP FOR ALL** reduces membership fees; it does not eliminate them.
- The YMCA requests that individuals and families reapply on a 12 month basis; with updated documentation. Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.

### HOW TO APPLY

1. Return completed application and required copies of proof of income, to the Baker County YMCA.
2. Membership staff will determine your rate and set up your payment plan; same day approval is available during membership hours if all appropriate application materials are provided.
3. **Payment/billing method must be provided to establish membership.**

### PAYMENT PLAN OPTIONS

1. Drafted monthly out of a checking or savings (provide blank check or bank statement indicating account numbers), debit or credit card.
2. Upfront in full for the 12 months. Accepted payment methods include cash, check, debit or credit card.



# MEMBERSHIP FOR ALL Application

**APPLY IN 5 EASY STEPS BELOW!**

Date \_\_\_/\_\_\_/\_\_\_

## 1 APPLICANT INFORMATION

Name	M / F
Mailing Address	
City	
State	ZIP
Home phone (      )	
Cell phone (      )	
Email	
If an applicant is under 18: Parent/Guardian name	

## 2 NAME ALL PERSONS LIVING IN THE HOUSEHOLD

Applicant	DOB	M/F
Parent/Adult	DOB	M/F
Child	DOB	M/F
Child	DOB	M/F
Child	DOB	M/F
Child	DOB	M/F
Child	DOB	M/F
Child	DOB	M/F
Other	DOB	M/F

**Household** is defined as one adult, or two adults in a committed relationship, and dependent children less than age 19, or includes college students up to age 26, all residing in the same household. Elderly dependent parents or adult children with disabilities living with parent are also included.

## 3 APPLYING FOR

- YOUTH
- YOUNG ADULT
- ADULT
- FAMILY HOUSEHOLD

## 4 HOUSEHOLD MONTHLY INCOME

	Adult 1	Adult 2	Children/Other
Total Gross Wages			
Child Support			
Social Security			
Unemployment			
Alimony			
Retirement			
Pension			
Monthly Value of Food Stamps			
Child Care Subsidy			
Other Financial Assistance			
<b>Total Monthly Income</b>	\$	\$	\$
<b>Total Monthly HH Income</b>	\$		

How much can you pay monthly for membership? \_\_\_\_\_

## 5 TO QUALIFY, PROVIDE COPIES OF THE FOLLOWING DOCUMENTS

- 1040 Federal Tax Form(s) for all incomes in household
- Documents showing **most recent income:**
  - 2 pay stubs per individual with income
  - Documentation of **government assistance**
- Additional forms of income** (if applicable) Social Security, pension, unemployment, Child Support, Housing Assistance, Child Care support, etc.
- If you do not get any assistance or have income, Provide denial of benefits letter from DHS.**

**THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!**

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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y 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.

\_\_\_\_\_  
Signature of person completing this form

## TELL US MORE...

Use this space to include any additional information or extenuating circumstances/expenses that were not included on this application. If you need more space, attach an additional sheet of paper.