



## REDUCED MEMBERSHIP RATE APPLICATION FORM

I am applying for: Membership (type) \_\_\_\_\_ Program \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F  Married  Single

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Household Size: \_\_\_\_\_ Adults \_\_\_\_\_ Children

**Incomes from all persons living in the same households are considered in determining eligibility. A copy of your income, including spouse (most recent check stubs ) and/or last year's Federal Income Tax Return must accompany this application.**

Employer: \_\_\_\_\_ Gross Before Taxes: Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ #Hours per week: \_\_\_\_\_ Income from other sources: (see below)

\$ \_\_\_\_\_ Source: \_\_\_\_\_ E-mail: \_\_\_\_\_

Spouse Income: Gross Before Taxes: Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

**In determining eligibility for membership financial assistance, all sources of household income are taken into consideration. This should include any social service assistance, child support, food stamps, stipends, unemployment income, disability income, and earnings from investments, wages, tips and cash and barter income. Please ensure that form is completely filled out, signed, and dated before submission. An incomplete form will delay processing and will not be approved until requested information is provided/form is completed.**

The individual portion of the financial assistance membership must be **paid in full before the membership can be activated**. Individuals that qualify for reduced memberships will be approved for a 3 month period. Individuals must then reapply if they wish to continue. This membership is for general usage only and does not include Membership Plus.

This YMCA membership is for immediate family members only (father, mother, son, and daughter) living in the same household.

I understand that the information requested on this form is considered privileged and will be held in confidence. I authorize the Brainerd Family YMCA to make whatever inquiries he/she deems necessary to verify the information provided above.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

### YMCA OFFICE USE ONLY

Membership Type: \_\_\_\_\_ Approved at \$ \_\_\_\_\_ for \_\_\_\_\_ months % of Assistance \_\_\_\_\_

Program Fees Reduced \_\_\_\_\_% Membership approved on: \_\_\_\_\_ YMCA Staff \_\_\_\_\_

Follow Up \_\_\_\_\_