

WELCOME TO MEMBERSHIP FOR ALL

MEMBERSHIP FOR ALL Application

(Funded through the Y's Annual Campaign)

fdlymca.org



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 Fond du Lac 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 believe that no one should be denied access to the Y based on their ability to pay. Through our **MEMBERSHIP FOR ALL** program, the Fond du Lac Family 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. Fond du Lac Family 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 Fond du Lac Family 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 3-, 6-, 9- or 12-month payments. Accepted payment methods include cash, check, debit, or credit card (Visa, MC, Discover).

MEMBERSHIP FOR ALL Application

APPLY IN 5 EASY STEPS BELOW!

vate / /	D	ate	/	/
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U	APPI	ICANT	INFORM	ATION

Name				M / F
Mailing Address				
City				
State		ZIP		
Home phone ()			
Cell phone ()			
Email				
If an applicant is	under	18, Parent/G	uardian 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
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 25, all residing in the same household. Elderly dependent parents or adult children with disabilities living with parent are also included.

MEMBERSHIP APPLYING FOR

O YOUTH

O YOUNG ADULT

O ADULT

O SENIOR

O FAMILY HOUSEHOLD

O SENIOR FAMILY HH

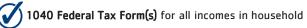
4 HOUSEHOLD MONTHLY INCOME

Emergency Contact Name and Phone Number:

	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			
Total Monthly Income	\$	\$	\$
Total Monthly HH Income	\$		

How much can you pay monthly for membership? _____

TO QUALIFY, PROVIDE COPIES OF THE FOLLOWING DOCUMENTS



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 did not file taxes, letter from IRS stating you did not file

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...

What Membership Benefits are you looking forward to at the Y? Check all that apply.

O ACTIVE OLDER ADULT PROGRAMMING

O ADULT SPORTS LEAGUES

O BASKETBALL

O CARDIO/STRENGTH TRAINING MACHINES

O CHILD WATCH

O FREE HEALTHY LIVING PROGRAM

O FREE WEIGHTS

O LIVE/VIRTUAL GROUP FITNESS CLASSES

O PICKLEBALL

O RACQUETBALL

O SWIMMING POOLS

O WHILPOOL/STEAM ROOM

O YOUTH FITNESS

O YOUTH SPORTS & ACTIVITIES