



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO 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 Northern Lights 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 Northern Lights YMCA 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 each Y location in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive membership or program support. Y 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.



PLEASE NOTE

- Support from our Annual Campaign reduces membership and program fees; it does not eliminate them.
- Payments are invoiced quarterly and support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.

The Y reserves the right to request additional information when necessary.

Please contact us at 774-4076 if you have any questions.

Online: nlymca.com



Membership & Program Support Application

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1. APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ Zip Code _____

Cell Phone () _____

Home Phone () _____

Date of Birth _____

If Applicant is under 18: Parent or Legal Guardian Name: _____

2. ALL PERSONS LIVING IN THIS HOUSEHOLD

Fill in for each family member living in the home

<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB
<input type="radio"/>	DOB

Total Number living in home _____

3. MEMBERSHIP ASSISTANCE TYPE:

Check the category for which you are applying

Family

Adult (26-64)

Senior (65+)

Young Adult (18-25)

Teen (12-17)

Youth (11 & younger)

4. TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

Documents showing the most recent 30 days of Gross Income:

Employment \$ _____ x12= _____

Child Support \$ _____ x12= _____

Unemployment \$ _____ x12= _____

Retirement \$ _____ x12= _____

Social Security \$ _____ x12= _____

Spousal Support \$ _____ x12= _____

Food Stamps \$ _____ x12= _____

Other: _____ \$ _____ x12= _____

Other: _____ \$ _____ x12= _____

1040 FEDERAL TAX FORMS FOR ALL INCOMES IN HOUSEHOLD

Total Income \$ _____ x12= _____

5. PROGRAM ASSISTANCE:

PARTICIPANT NAME: _____

PROGRAM NAME: _____

PARTICIPANT NAME: _____

PROGRAM NAME: _____

6. TELL US MORE

Use this space to include any additional information and extenuating circumstances that were not included on the form.

By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is true and correct.

Signature _____

Date _____

FOR OFFICE USE:

Quarterly Payment Amount: \$ _____

APPROVED: YES _____ NO _____

AMOUNT ASSISTED _____%

Date Contacted _____

Date Started Membership _____

Staff Initials _____

NOTES:

DECLINED:

REASON: _____