



APPLICATION FOR "MEMBERSHIP FOR ALL" MEMBERSHIP AT THE MINOT FAMILY YMCA

(FOR OFFICE USE ONLY)

(CHECK ONE)

NEW APPLICANT _____ RENEWAL _____ CURRENT MEMBER _____

Tax Form Attached _____ Other income verification _____ & Reference Letter _____

NAME: _____

HOME ADDRESS: _____ **ZIP:** _____ **PHONE:** _____

BIRTHDATE: _____ **EMAIL:** _____

Membership Type (circle one)

Youth High School Young Adult Adult Sr. Adult Household Sr. Household

Single Parent Household

List names, including your name, (last names, too, if different from applicant) and ages of all persons in the household. Your household includes you and dependents you claim on your federal income return.

1) _____ Age _____ 5) _____ Age _____

2) _____ Age _____ 6) _____ Age _____

3) _____ Age _____ 7) _____ Age _____

4) _____ Age _____ 8) _____ Age _____

FOR WHAT REASON DO YOU REQUEST A MEMBERSHIP?

PLEASE CHECK ONE: ☐ Rehabilitation or Injury ☐ Other Health reasons ☐ Recreation

EMPLOYMENT INFORMATION:

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of employment _____ Part-time ☐ Full-time ☐

Gross Monthly Income _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of employment _____ Part-time ☐ Full-time ☐

Gross Monthly Income _____ Supervisor's same _____

**APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION
IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.**

Within the limits of available funding, the Y does not refuse membership or program services to any person because of a proven inability to pay the cost of participation. The maximum amount of subsidy available will be based on a sliding fee scale according to an individual's income. In an effort to sponsor all individuals in need, it is necessary that everyone pays a portion of their fee.

I certify that the above information is accurate to the best of my knowledge. I hereby give permission for the Minot Family YMCA to use my information, excluding my name and address, to seek future funding.

SIGNATURE: _____ **DATE:** _____

INCOME/EXPENSES WORKSHEET

Income:

\$_____ 1) Your Gross Monthly Income
(Gross income before any deductions
for taxes, FICA, etc.)

\$_____ 2) Spouse's Gross Monthly Income

\$_____ 3) Child Support

\$_____ 4) Aid to Dependent Children

\$_____ 5) Welfare (submit copy of card)

\$_____ 6) Food Stamps

Y___N___ 7) Reduced Lunch Program

\$_____ 8) Other (Please explain any
any additional support provided by family,
friends, church, etc.)

Expenses:

\$_____ 1) Rent/Mortgage (Circle One)

\$_____ 2) Auto Loan

\$_____ 3) Utilities

\$_____ 4) Phone (listed in your name)

\$_____ 5) Child Support

\$_____ 6) Medical

\$_____ 7) Child Care

\$_____ 8) Other (Please explain)

\$_____ TOTAL MONTHLY GROSS INCOME
(HOUSEHOLD)

\$_____ TOTAL MONTHLY EXPENSES

\$_____ TOTAL ANNUAL GROSS INCOME
(HOUSEHOLD)

Do you share expenses with anyone else in your household? _____ Total number in household _____

How much can you afford to pay? _____

Reason for applying for the MEMBERSHIP FOR ALL
Program?

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the Sponsorship program.