



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## Membership & Program Support Application Bedell Family YMCA

### THE MISSION OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the Bedell 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 believes that no one should be denied access to the Y based on their ability to pay. Through our **Annual Strong Kids Campaign**, the Y 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 the Y in a fair and consistent manner. Submit your application and required income documentation online at [okobojymca.com/financial-assistance/](http://okobojymca.com/financial-assistance/) or to the Member Services Desk at any of our three locations. **All information is kept confidential.** The Member Services Director will send you a letter and award voucher for your membership. The membership will be activated immediately upon payment which may be done either by one full annual payment or by monthly payment via a checking or savings account. Automatic withdrawn payments will be processed on the 20th of each month. A minimum of one month must be paid at the time your membership is activated.



PLEASE RETURN THIS FORM AND THE ACCOMPANYING DOCUMENTS IN A SEALED ENVELOPE FOR YOUR PRIVACY

[WWW.OKOBOJIYMCA.COM](http://WWW.OKOBOJIYMCA.COM)

Bedell Family YMCA | 1900 41<sup>st</sup> St. | Spirit Lake, IA | 51360

712-336-9622

# Membership & Program Support Application



## APPLICANT INFORMATION

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_

## PERSONS TO BE INCLUDED ON MEMBERSHIP

Guardian/Parent/Adult \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Guardian/Parent/Adult \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Other Dependent(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

FOLD HERE TO PROTECT YOUR PERSONAL INFORMATION

## I AM APPLYING FOR (MEMBERSHIP TYPE)

Check the category for which you are applying.

- YOUTH (UNDER 21)
- ADULT (21-64)
- FAMILY (2 ADULTS & CHILDREN UNDER 21)
- SENIOR (65+)
- SENIOR FAMILY (AT LEAST 1 MEMBER 65+)

## INCOME INFORMATION

» Must provide copies for proof of all income from all adults in the household.

» Copies of one of the following documentation are required to process this application:

- Most recent income tax return
- Last two most recent pay stubs
- Letter from government agency

## SOURCES OF MONTHLY HOUSEHOLD INCOME

Wages: \$ \_\_\_\_\_  
SSI: \$ \_\_\_\_\_  
Disability: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
Food Share: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

## HOW WILL YOU BENEFIT FROM A Y MEMBERSHIP?

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FOLD HERE TO PROTECT YOUR PERSONAL INFORMATION

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 subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA 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 \_\_\_\_\_ Date \_\_\_\_\_

Please bring all applicable financial documents to the YMCA for verification.

## FOR MEMBERSHIP STAFF USE

Date submitted \_\_\_\_\_

Membership pre-approved for a monthly rate of \$ \_\_\_\_\_  
with an Annual Campaign support of \$ \_\_\_\_\_  
with a program discount of \_\_\_\_\_%

Check one:  New Member  Existing Member  
Exp. date \_\_\_\_\_ Past balance \$ \_\_\_\_\_

This pre-approval is valid for 30 days and subject to verification.

Staff reviewed \_\_\_\_\_