

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 okobojiymca.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 Automatic withdrawn payments will be processed on the 20th of each month.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

Bedell Family YMCA | 1900 41st St. | Spirit Lake, IA | 51360

Membership & Program Support Application



APPLICANT INFORMATION

PERSONS TO BE INCLUDED ON MEMBERSHIP

Name	D.O.B	Guardian/Parent/Adult	_D.O.B
Email		Guardian/Parent/Adult	D.O.B
Mailing Address		Child	D.O.B
City		Child	D.O.B
State	Zip	Child	D.O.B
Home Phone		Child	D.O.B
Cell Phone		Child	D.O.B
Employer		Other Dependent(s)	Age(s)
I AM APPLYING FOR (MEMBERSHIP TY			

Check the category for which you are applying.

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

INCOME INFORMATION

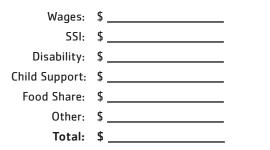
» Must provide copies for proof of all income from all adults in the household.

» 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

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



HOW WILL YOU BENEFIT FROM A Y MEMBERSHIP?

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 Exp. date	Existing Member Past balance \$			

Staff reviewed