



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CONFIDENTIAL APPLICATION FOR THE Y ASSISTED INCOME MEMBERSHIP

PLEASE SHARE YOUR REASON FOR WANTING A Y MEMBERSHIP AT THIS TIME:
(Check all that apply)

Doctor Recommended; Rehabilitation; Weight Loss;
 Increase Overall Fitness; Programs/Classes for Kids

IF YOU SHOULD QUALIFY FOR THIS MEMBERSHIP IT WILL BE REQUIRED THAT YOU AND YOUR FAMILY USE THE FACILITY EIGHT (8) TIMES PER MONTH. IF NOT, THE MEMBERSHIP WILL TERMINATE IMMEDIATELY DUE TO LACK OF FACILITY USAGE.

PLEASE INITIAL THAT YOU HAVE READ AND AGREE: _____

NOTE: Please remember to bring your membership card with you to the Y and have it scanned at the Check-in Desk every time you visit. Your ability to renew your scholarship membership may depend on your usage of the facility and/or its programs and classes.
PLEASE INITIAL THAT YOU HAVE READ: _____

PLEASE TELL US HOW HAVING AND USING THIS YMCA MEMBERSHIP WILL BENEFIT YOU AND/OR YOUR FAMILY:

ARE YOU A COLLEGE STUDENT?

Are YOU presently enrolled in school? Yes No

If you are in school, which school do you attend? _____

Full-time Part-time Do you receive financial aid: Yes No

If you are receiving financial aid, please attach documentation to your application.

YOUR EMPLOYMENT:

Are YOU currently employed? Yes No Employer: _____

Occupation: _____ How Long? _____

If you are currently unemployed provide a copy of your weekly benefits: _____

SPOUSE EMPLOYMENT:

Is your spouse currently employed? Yes No Employer: _____

Occupation: _____ How Long? _____

If spouse is currently unemployed, provide a copy of your weekly benefits: _____

HAVE YOU EVER BEEN A Y MEMBER BEFORE? Yes No

ARE YOU INTERESTED IN VOLUNTEER OPPORTUNITIES AT THE Y?

If so, what areas are you interested in? (Please note: volunteering is not required for membership)

YMCA OF ELKHART COUNTY

200 East Jackson Blvd, Elkhart IN 46516

P 574 389 7878 F 574 294 2731 www.elkhartymca.org



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PERSONAL: PLEASE PRINT CLEARLY.

Name of Applicant: _____ M ___ F ___ Birthday ___/___/___
Address _____
City _____ State ___ Zip Code _____
Home Phone (____) ____-____ Work Phone (____) ____-____
Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widow/er
Spouse's Name if Married: _____ M ___ F ___ Birthday ___/___/___

Dependent Children:

Name: _____ M ___ F ___ Birthday ___/___/___
Name: _____ M ___ F ___ Birthday ___/___/___
Name: _____ M ___ F ___ Birthday ___/___/___
Name: _____ M ___ F ___ Birthday ___/___/___
Name: _____ M ___ F ___ Birthday ___/___/___

Referred By: _____

FAMILY INCOME

Please ATTACH AND LIST all sources of income and ALL sources of financial aid. You MUST provide the required documentation to verify your need for financial assistance. This application WILL NOT BE PROCESSED WITHOUT PROPER AND COMPLETE DOCUMENTATION. Please provide a copy of taxes or W2s.

Wages, Unemployment, SSI-Disability, Etc. Monthly Gross \$ _____
Child Support/TANF Monthly Gross \$ _____
Food Stamps Monthly Gross \$ _____
Other _____ Monthly Gross \$ _____

TOTAL GROSS ANNUAL HOUSEHOLD INCOME: \$ _____

PLEASE CHECK ONE OF THE FOLLOWING ABOUT YOUR LIVING ARRANGEMENTS:

Government Housing ___ Living w/someone (family, friends, other) ___ Rent ___
Own Home ___ Other: _____

Monthly Cost: Cell Phone \$ _____ Land Line \$ _____
Cable/DSL \$ _____ Car Payment \$ _____

THE INFORMATION I HAVE PROVIDE ON THIS FORM AND SUPPORTING DOCUMENTATION IS THE TRUTH, CORRECT AND UP-TO-DATE.

Applicant's Signature _____ Date Submitted to the Y ___/___/___



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TO BE COMPLETED BY THE Y MEMBERSHIP OFFICE STAFF

Join Date ____/____/____

Membership Type: _____

Renewal Month ____/____

New Member Rate \$_____

Quarterly Payment Plan: \$_____

Renewal Rate \$_____

1st Payment Due: ____/____/____

% Discount _____

2nd Payment Due: ____/____/____

YMCA Fund Pays \$_____

3rd Payment Due: ____/____/____

Member Pays \$_____

4th Payment Due: ____/____/____

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