



MEMBERSHIP FOR ALL | APPLICATION

COMMUNITY SUPPORT FINANCIAL ASSISTANCE 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 Grant County 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 Campaign, the Y provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

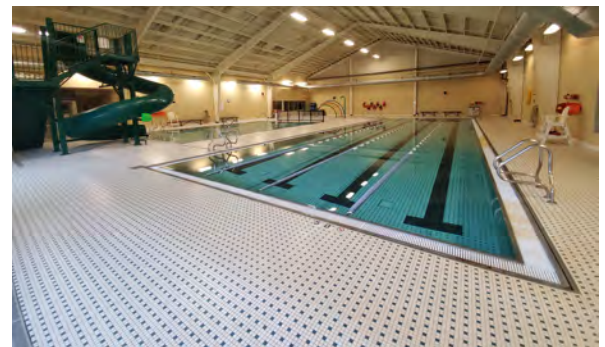
Determining your level of support is handled by the Y in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive financial assistance. YMCA members and program participants can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

- Support from our Annual Campaign reduces membership fees; it does not eliminate them.
- Support is awarded based on household size and annual income.
- Membership fees are subject to change upon renewal.
- Members are responsible for payment for the duration of the membership.
- Members must apply for renewal every 6 mo.

Support is granted following a review of all documentation. The Y reserves the right to request additional information.



Home of the Memorial Coliseum



Multi-lane Pool, Hot Tub and Steam Room

Grant County Family YMCA • 765.664.0544 • 765.664.0548 • 123 Sutter Way, Marion, IN 46952



MEMBERSHIP FOR ALL | APPLICATION

Grant County Family YMCA



1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cell Phone () _____

Email _____

If applicant is under 18, Parent/Guardian Name _____

2

MEMBERSHIP

- ADULT
- SENIOR (65+)
- HOUSEHOLD I
- HOUSEHOLD II
- HOUSEHOLD III

*Please visit our website for Membership descriptions or contact someone at the Welcome Center.

3 NAMES OF ALL PERSONS LIVING IN THE HOUSEHOLD

Applicant _____ DOB _____ M / F _____

Parent/Adult _____ DOB _____ M / F _____

Child _____ DOB _____ M / F _____

Child _____ DOB _____ M / F _____

Child _____ DOB _____ M / F _____

Child _____ DOB _____ M / F _____

Child _____ DOB _____ M / F _____

Other _____ DOB _____ M / F _____

Household is defined as two adults in a committed relationship, and dependent children less than age 19, or includes college students up to age 25, all residing in the same household.

4 HOUSEHOLD ANNUAL INCOME (from 1040 (line 22), 1040EZ (line 4), 1040A (line 15))

Annual Income \$ _____ 25% Discount Proof
 TaxForm _____
 # _____

The above information is 100% accurate

Signature _____

5

Only **ONE** proof of government aid is needed to receive a **25%** discount on join fee and membership*.

*Additional assistance may be awarded with proper paperwork provided.

For Membership Staff Use Date Submitted _____

Membership pre-approved for a **monthly rate** of \$ _____ **discount rate** of _____ %

New or Existing member Expiration Date _____ Past Balance \$ _____