

# YMEMBERSHIP™ OPEN DOORS APPLICATION: MEMBERSHIPS & PROGRAMS

## CUMBERLAND COUNTY YMCA

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### OPEN DOORS APPLICATION FOR

Membership Only     Membership & Program     Program Only (Program Name: \_\_\_\_\_)

**TYPE OF MEMBERSHIP**     New     Renew    Membership # \_\_\_\_\_

Youth Program     Youth     Adult     Single Adult with Family     Family

**LENGTH OF MEMBERSHIP**     Annual     Draft     Other: \_\_\_\_\_

### APPLICANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If under 18 years old, please print name of Parent/Guardian \_\_\_\_\_

Do you share expenses with anyone else in your household (i.e. spouse, partner, roommate, family)?     yes     no

Total number of dependents living in your household \_\_\_\_\_

Are you a full time student     yes     no    If yes, where do you attend school? \_\_\_\_\_

### APPLICANT PAYMENT INFORMATION

The Cumberland County YMCA believes that a strong sense of ownership and pride is developed if the members utilizing the Open Doors program contribute to the cost of their YMCA membership and programs. Therefore, applicants will be asked to pay a portion of the membership dues, the joiner's fee and any applicable programs.

For your reference, the full cost of our memberships are:

Monthly Draft: Youth Program: N/A    Youth: \$19    Adult: \$48    Single Adult with Family: \$60    Family: \$73

Annual: Youth Program: \$45    Youth: \$228    Adult: \$576    Single Adult with Family: \$720    Family: \$876

Joiner's Fee: Adult: \$45    Single Adult with Family & Family: \$60

All members, except youth and youth program, are asked to pay a portion of the Joiner's Fee. Program costs vary by program.

What amount do you feel that you can pay for your membership (per month or per year) and/or program?

I can afford to pay toward membership: \$ \_\_\_\_\_     per month (automatic draft)     per year

I can afford to pay toward program above: \$ \_\_\_\_\_     per session     per week (child care)

### FOR OFFICE USE

Please Complete Back of Form 

Application received on: \_\_\_\_\_ Application reviewed on: \_\_\_\_\_ Staff initials: \_\_\_\_\_     Approved     Denied

Applicant notified on: \_\_\_\_\_ Payment schedule:     Monthly     Annually     Other: \_\_\_\_\_

Total Membership: \$ \_\_\_\_\_ Financial Assistance Amount: \$ \_\_\_\_\_ Applicant needs to pay: \$ \_\_\_\_\_

Total Joiner's Fee: \$ \_\_\_\_\_ Financial Assistance Amount: \$ \_\_\_\_\_ Applicant needs to pay: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Approval notes (with percentage) put into Member ST (yes/no) \_\_\_\_\_

Percentage Member Pays (membership & programs; to be entered into MST) % \_\_\_\_\_

Program approval notes: \_\_\_\_\_

The dollar amount of your portion of membership dues will be determined by YMCA staff using a sliding scale that is based on your **gross** income (your pre-tax income), as well as your comments above. All scholarship applications are reviewed on an individual basis. Applications will be reviewed annually.

**EMPLOYMENT INFORMATION**

**(IF APPLYING FOR A YOUTH MEMBERSHIP THIS INFORMATION PERTAINS TO PARENTS/GUARDIANS OF THE YOUTH APPLYING.)**

1) Your Employer \_\_\_\_\_ work phone \_\_\_\_\_

Position \_\_\_\_\_ length of employment \_\_\_\_\_ FT / PT

Gross Monthly income (please attach last two weeks of paycheck stubs)\$ \_\_\_\_\_

Pay Period:      Weekly        Every Other Week        Twice Per Month        Monthly

2) Spouse's Employer \_\_\_\_\_ work phone \_\_\_\_\_

Position \_\_\_\_\_ length of employment \_\_\_\_\_ FT / PT

Gross Monthly income (please attach last two weeks of paycheck stubs)\$ \_\_\_\_\_

Pay Period:      Weekly        Every Other Week        Twice Per Month        Monthly

**INCOME EXPENSE WORK SHEET - ALL HOUSEHOLD INCOME**

**(IF APPLYING FOR A YOUTH MEMBERSHIP THIS INFORMATION PERTAINS TO PARENTS/GUARDIANS OF THE YOUTH APPLYING.)**

INCOME ~ PLEASE INCLUDE VERIFICATION OF ALL INCOME (LAST TWO PAYSTUBS AND/OR A STATEMENT OF GOVERNMENT FUNDING, ETC.)	EXPENSES
Your gross monthly income     \$	Monthly rent/mortgage/taxes \$
Spouse's gross monthly income \$	Auto loan                             \$
Social Security/disability     \$	Utilities                               \$
Child Support                     \$	Phone                                  \$
AFDC/TANF                         \$	Food                                     \$
Food Stamps                       \$	Other (please explain )         \$
Other/unemployment             \$	

If you have "no income," how are you meeting expenses? \_\_\_\_\_

\_\_\_\_\_

Are there any extenuating circumstances that we should know about when reviewing your paperwork? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(of parent/guardian if under 18 years old)

**INCOMPLETE FORMS WILL BE RETURNED TO APPLICANT.**

**APPLICATIONS ARE APPROVED FOR ONE YEAR. UNCLAIMED APPLICATIONS WILL BE KEPT ON FILE FOR SIX MONTHS.**