



**FOR OFFICE USE ONLY**

Member Type: \_\_\_\_\_

Membership Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_

**INCOME BASED MEMBERSHIP APPLICATION**

I am applying for: Membership Type: \_\_\_\_\_ Program: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F Married Single

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Phone# \_\_\_\_\_ Household Size: \_\_\_\_\_ Adults \_\_\_\_\_ Children

**Incomes from all persons living in the household are considered in determining eligibility. A copy of your income (including spouse) most recent check stubs and/or last year's Federal Income Tax Return must accompany application.**

***\*If applying for a Family Membership please fill out back side of form\****

Employer: \_\_\_\_\_ Gross Before Taxes: Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

Income from other sources: \$ \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Gross Before Taxes: Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

What is the dollar amount you are able to pay each month? \_\_\_\_\_

Please complete this form in its entirety, sign, and date before submitting. An incomplete form will delay the processing and will not be approved until requested information is provided.

\_\_\_\_ I have read and agree to the Itasca County Family YMCA's Release, Indemnification and Hold Harmless Agreement & waiver.

\_\_\_\_ I have read and agree to abide by the Itasca County Family YMCA's Code of Conduct.

\_\_\_\_ I understand the information requested on this form is considered privileged and will be held in confidence. I authorize the Itasca County Family YMCA to make any inquiries necessary to verify the information provided above.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

