



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: _____
Phone# _____ Household Size: _____ Adults _____ Children
Emergency Contact Name: _____ Phone#: _____

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 ensure that this form is completely filled out, signed and dated 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** ____/____/____

2ND ADULT (If applicable)

INFORMATION

Mr/Ms/Mrs	First Name	M.I.	Last Name		
Gender M or F	Birthdate / /	Marital Status Single Married			
Mailing Address			City	State	Zip
Home Phone	Cell Phone	Email Address			

RACE (Optional) Circle one

Caucasian/White	African American/Black	Alaskan Native	Hispanic
Native American	Asian/Pacific Islander	Other _____	

EMPLOYER INFORMATION

Employer (if applicable)	Work Phone
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EMERGENCY CONTACT INFORMATION

Name	Phone
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DEPENDENTS (Must be ages 0-18 or 23 if a full –time student.)

First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
First Name	M.I.	Last Name	Birth Date	Gender M or F
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