



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Membership For All Application (funded through the Annual Campaign)

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 YMCA of the Fox Cities 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 believe that no one should be denied access to the Y based on their ability to pay. Through our **Membership For All Program**, the YMCA of the Fox Cities provides assistance to youth, adult and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members 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.

Membership For All reduces membership fees; it does not eliminate them.

The YMCA requests that individuals and families reapply on a 6 month basis; with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire. Please contact your branch if you have questions.



ymcafoxcities.org

Membership For All Information

HOW TO APPLY

1. Return completed Application (page 3) and copies of proof of income as stated to the YMCA location you will access most often.
2. Member Service staff will determine your rate and set up your payment plan.

PAYMENT PLAN OPTIONS

Membership For All memberships are 6 months in length. At the end of the 6 months you must re-apply. You may purchase your membership:

- Upfront in full for the 6 months
- Drafted monthly out of a checking, savings, debit or credit card
- In special circumstances, a 3 month installment plan can be offered

OTHER REMINDERS

- Please apply for your membership at the YMCA location that is most convenient to you.
- Proof of income is required for all adults in the household to determine your membership rate (tax forms, W2's, etc.)
- A family/single parent family membership includes any dependent children up through the age of 25 who reside in the household.
- Your membership rate is good for a maximum of 6 months. After this you must re-apply and provide updated proof of income.

YMCA LOCATIONS

- Appleton YMCA • 218 E Lawrence St, Appleton WI 54911 • 920.739.6135
- Apple Creek YMCA • 2851 E Apple Creek Rd, Appleton WI 54913 • 920.733.9622
- Fox West YMCA • W6931 School Rd, Greenville, WI 54942 • 920.757.9820
- Heart of the Valley YMCA • 225 W Kennedy Ave, Kimberly WI 54136 • 920.830.5700
- Neenah-Menasha YMCA • 110 W North Water St, Neenah, WI 54956 • 920.729.9622

Y Mission: To put Christian principles into practice by promoting youth, adult, and family activities that build a healthy spirit, mind, and body for all.

MEMBER SERVICE STAFF:

Use discount group MFA & employer Membership For All

Sell as MFA membership type

Accept only copies of proof of income

Membership For All Application

Apply in 5 easy steps!

1 APPLICANT INFORMATION

Name _____ M / F

Mailing Address _____

City _____

State _____ ZIP _____

Home phone () _____

Cell phone () _____

Email _____

If an applicant is under 18: Parent/Guardian name _____

2 ALL PERSONS LIVING IN THE HOUSEHOLD

Parent/Adult	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
Child	DOB	M/F
Other	DOB	M/F
Other	DOB	M/F

3 I AM APPLYING FOR

YOUTH

YOUNG ADULT

ADULT

SENIOR ADULT or FAMILY

FAMILY

FAMILY PLUS 1 or 2

SINGLE PARENT FAMILY

PROGRAM ONLY: camp

PROGRAM ONLY: day care/school age child care

4 HOUSEHOLD MONTHLY INCOME

	Adult 1	Adult 2	Children/ Other	TOTAL MONTHLY
Total Gross Wages				
Child Support				
Social Security				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
Child Care Subsidy				
Other Financial Assistance				
Total Monthly Income				
Total Annual Income				

How much can you pay monthly for membership? _____

5 TO QUALIFY, PROVIDE COPIES OF THE FOLLOWING DOCUMENTS

- 1040 Federal Tax Form(s) or W2's for all incomes in household
- Documents showing most recent income (including pay stubs or documentation of government assistance)
- Additional forms of income (if applicable) Social Security, pension, unemployment, etc.
- If you did not file taxes, letter from IRS stating you did not file

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form Date

TELL US MORE...

Use this space to include any additional information or extenuating circumstances/expenses that were not included on this application. If you need more space, attach an additional sheet of paper.



Membership For All Proposal

This page completed by Y staff.

Name _____ Member Number _____ - _____ - _____ Date _____

Appointment with _____ Date _____ Sold by _____

After reviewing your application we are able to offer a membership as proposed below:

Type _____ Number of months _____

Rate per month \$ _____ Total cost \$ _____

Payment method :

- Full payment upfront
- Membership to be draft on the (circle) **1st** or **15th** of each month beginning the month of _____ and ending the month of _____. Bank draft CC draft
- Pre-arranged installment plan _____

This page is to accompany you when coming to Member Services with payment. This proposal is good for 60 days. After that time, you will need to complete new paperwork and possibly schedule another appointment.

Membership Type _____ Date Issued _____

Expiration Date _____ Value \$ _____ Dues paid \$ _____

Y _____ % Mbr _____ % No. in family _____ Ages _____

New Renewal

Special Agreements/Notes _____

TERMS & CONDITIONS:

1. As the term ends, it is your responsibility to reapply.
2. Use of all YMCA of the Fox Cities facilities.
3. It is your responsibility to notify us if your income changes by more than \$200 a month on average so that we can reevaluate your membership rate.
4. Each individual on the membership will receive one (1) paid class per session at a rate matching your membership no more than 40% off the member cost. Examples include swim lessons, growth & development classes, gymnastics, dance, etc.
5. Matching discount up to 40% on all Kids Corner Fast Cash cards (but not Kids Corner bank drafting).
6. There are no discounts for online registrations and the YMCA will not provide reimbursement.
7. The following items are not included in the discount:
 - Team Apparel/Costumes a participant will retain
 - Program materials a participant will retain
 - Kit Locker
 - Private lessons or instruction
 - Personal Training
 - Resale items
 - Birthday parties
 - Meet fees (Gymnastics, Dance, Swim)
8. The following items are based on a sliding fee and only 40% maximum discount is allowed:
 - Swim Team, Gymnastics Team
 - Camps (Shiok, Adventure, Specialty)
 - Dance Factory
 - Licensed Pre-School & Child Care Programs