



YMCA CASS AND CLAY COUNTIES

OFFICE USE ONLY

Received Date of Complete App: _____

By Initial: _____

Entered in Daxko: Initial ____ Date ____

Please fully read the back side of this form for instructions and details on the Y Match Membership program.

Y MATCH MEMBERSHIP Request Worksheet

YMCA OF CASS AND CLAY COUNTIES

Fercho Branch - 400 1st Ave. S. Fargo, ND 58103, 701.293.9622 | Schlossman Branch 4243 19th Ave S, Fargo, ND 58103, 701.281.0126

Please list all adults and kids that live in the household. There can only be two adults on a family membership, unless the dependent adult is a full-time college student under the age of 22. **Please provide the income verification for all adults (ages 18+) in household.**

First Name (Must live in same household)	Last Name	Date of Birth	Gender	Relationship	To be on Y Membership (Yes or No)

Age, gender, race and relationship will not affect the amount of financial assistance to be given.

Household Monthly Income	For YOU	For SPOUSE	For OTHER	SUBTOTAL
Gross wages, Salaries & Tips				
Social Security & Pensions				
Child Support & Alimony				
Self-Employment/Other				

Year Total Taxable Income*				
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* Your total taxable income for the year can be found on your most recent tax return form. It can be found on these common tax forms on the following lines: 1040 - Line 22, 1040ez - Line 6, 1040A - Line 15.

Funding for the Y Match Membership program is made possible through the United Way and donations to the YMCA. This assistance is available, within the limits of our resources, to members that provide complete documentation showing their inability to pay the full member rate.

Committee Notes (Office Use Only)

Y MATCH MEMBERSHIP

Application Checklist and Cover Letter

What is the Y Match Membership Program?

The YMCA is pleased to be able to provide as much assistance as possible for qualified individuals and families for needs-based memberships and programs. This assistance is available, within the limits of our resources, to members that provide complete documentation showing their inability to pay the full member rate. With the YMCA, you're more than just a member of a facility. You're part of a cause working together to strengthen our community. Our focus is youth development, healthy living, and social responsibility, and we work hard every day to ensure that everyone has the ability to learn, grow, and thrive.

Income Verification Checklist

Please note that we are unable to return original documents. Please cross out sensitive information such as Social Security numbers. This program is confidential, and information submitted is shredded immediately for your protection. Please attach ALL documents to this form. **Incomplete applications will not be reviewed.**

The more information that is provided, the better we can assist you.

Please turn in this sheet along with the following items:

Completed Membership Application Form

Documentation for all of the categories for you AND **anyone in the household:**
If employed:

Most recent Income Tax Return (1040).

- Didn't file taxes? Contact the IRS Tax Assistance Center at www.irs.gov or call 1.800.908.9946

One month of current pay stubs.

If not employed:

- **ANY and ALL assistance** that you or your family receives (SSI, SSD, Food Stamps, WIC, Medicaid, Medicare, Alimony, Veteran's Benefit Statement, etc).

Failure to provide the documentation listed above will result in an incomplete application, which will not be reviewed.

Please briefly explain your financial situation:

YMCA of Cass and Clay Counties

Membership Application

Primary Member Information

Last Name First Name Middle Initial

Date of Birth _____ Gender Male Female

Referred by: Name: _____ Phone Number: _____

Office Use Only Referred Member's ID #: _____

Address

City State ZIP Code

Primary Phone Number Secondary Phone Number

Parent/Guardian Name *(If primary member is under 18 years)* Phone Number

E-mail Address

Employer/School City State

Has anyone included on this membership application been on a registered sex offender list? Yes No

Do you have health insurance? Yes, Self Yes, Family No

Insurance Provider: _____

Emergency Contact

Name Phone Number

Family Members

Spouse / 2nd Adult

First Name Last Name Date of Birth Gender

Employer/School City State

Emergency Contact Phone Number

Children / Dependents

First Name Last Name Date of Birth Gender

Date: _____

Member ID: _____

Membership Type

- Student/Youth (Ages 8-24)
- Single (Ages 25-64)
- Senior (Ages 65+)
- Family/Household
- Family/Household Package

Payment Method

- Monthly Bank Draft with Void Check
- Monthly Draft with Credit or Debit Card
* \$3.00 service fee monthly
- Annual Pay

Locker Rental

- Fercho Schlossman
- Male Female
- Kit (Fercho only) Half

How did you hear about us?

- Friend / Family Brochure/Mailing
- Radio Television
- Website / Online Drove By /Marquee
- Employer Social Media
- Special / Coupon Email
- Direct Mailing Member Referral
- Newspaper / Newsletter
- Other, please specify:

Areas of Interest

- Personal Training InBody
- Swim Lessons Swim Team
- Camp Weight Loss
- Youth Sports Climbing Wall
- Youth Enrichment Massage
- Active Older Adult Programs
- Playstation (Child Watch)
- Child Care (Full Day)

The following information is used to help us secure grant funding and better serve our members. All answers are confidential.

Financial Assistance

The YMCA offers income-based financial assistance to individuals with a proven inability to pay the cost of services. Would you like to be considered for this program?
 Yes No

Annual Household Income

- \$0-\$14,999
- \$15,000-29,999
- \$30,000-49,999
- \$50,000-74,999
- \$75,000+

Race

- White/Caucasian Other
- Native American Asian/Pacific
- African American Islander
- Hisnanic/I atino

YMCA of Cass and Clay Counties - Membership Guidelines & Waivers

I/We are applying for membership to the YMCA of Cass and Clay Counties and agree to cooperate with its members in carrying on the work and mission of the YMCA within the following guidelines:

It is my/our responsibility to conduct my/our personal affairs in a manner that affirms the mission of the YMCA.

In consideration of my participation in the activities of the YMCA of Cass and Clay Counties, I do, for myself, my heirs, executors and administrators, waive any and all claims for damages for any injury to myself which may have been sustained arising out of or connected with such participation and I release and discharge the YMCA of Cass and Clay Counties, its members, officers, employees, or agents from any and all liability whatsoever arising out of or connected with such participation.

The YMCA reserves the right, but assumes no obligation, to conduct background checks on all applicants for membership. I do hereby declare myself to be physically sound having medical approval to participate in the activities of the YMCA of Cass and Clay Counties.

Code of Conduct:

The YMCA of Cass and Clay Counties is committed to providing a safe and welcoming environment for all members and guests. Conduct that does not support the YMCA mission or core values of caring, honesty, respect, responsibility and health is not acceptable. **Violation of these guidelines may result in suspension or revocation of membership.**

Photo/Video Release:

For my participation in activities to be conducted by the YMCA of Cass and Clay Counties, I hereby give my permission and consent, now and for all time, to the YMCA of Cass and Clay Counties, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the YMCA of Cass and Clay Counties and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me/members on my account and/or my narrative account of my experience at the YMCA of Cass and Clay Counties, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

Membership Payments and Cancellation Policy:

Membership Payments Policy: I understand that the YMCA's preferred method of bank draft is through a checking account. However, if I choose to pay using a credit or debit card I understand there is an additional \$3.00 service fee on my membership draft each month. If I chose to pay my membership in full for the year, I understand that my payment is not refundable.

Membership Cancellation Policy: To cancel a membership, written notice is required.

If your draft date is:	To avoid being drafted again, you must cancel by:
1 st of each month	15 th of prior month
15 th of each month	Last day of prior month

() 1 Year Full Pay Membership Agreement

I understand that my membership is non-refundable. If I chose to drop my membership, my options are as follows:

- Transfer my membership to another Y (minimum of 3 months remaining on membership)
- Transfer my membership to another person. (I am responsible for collecting payment).
- Consider the balance of my membership as a charitable donation.

() Bank Draft Authorization through Checking Account or Savings Account

By signing below I have given authority to honor preauthorized checks drawn by you on my account for membership payments monthly.

() Credit Card Draft Authorization *Note \$3.00 Service fee monthly

- I understand that this agreement is continuous until I give proper notice of any changes or termination.
- It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA written notice in advance of the deduction. (If your draft date is the 1st of the month the last day to turn in a change, cancel, or hold is the 15th of the month prior. If your draft date is the 15th of the month the last day to turn in a change, cancel, or hold is the last day of the month prior.)
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive notice prior to any such change.
- Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus any service fee applied by the YMCA. This is in addition to any service fee my bank may apply.
- I am aware of the fact that it is my responsibility to check my bank statement on a regular basis to make sure the YMCA membership rate withdrawal is correct. The YMCA of Cass and Clay Counties will accept a maximum of three months of responsibility if the YMCA is in error.
- It is my responsibility to update any changes to my credit card or checking account used for my membership.

Credit Card Expire Date: _____ Staff Initial: _____

Primary Member Name (Please Print)

Primary Member Signature (or Parent/Legal Guardian signature if primary member is under 18 years)

Date