



**YMCA CASS AND CLAY COUNTIES**

**OFFICE USE ONLY**

Received Date of Complete App: \_\_\_\_\_

By Initial: \_\_\_\_\_

Entered in Daxko: Initial \_\_\_\_ Date \_\_\_\_

# Y MATCH MEMBERSHIP Request Worksheet

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

**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)**

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# 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
  
- Proof of dependency for all children on the account (See Helpful Guidelines).
  
- Documentation for all of the categories for you AND **anyone in the household:**
  - If employed:**
    - Most recent Income Tax Return (1040).
    - OR
      - Didn't file taxes? Contact the IRS Tax Assistance Center at [www.irs.gov](http://www.irs.gov) or call 1.800.908.9946
    - A minimum of 2 forms of income verification (See Helpful Guidelines).
  - 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:

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# YMCA of Cass and Clay Counties

## Membership Application

### Primary Member Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Date of Birth                      Gender  M  F  U

\_\_\_\_\_  
Address    Apt (if applicable)

\_\_\_\_\_  
City                                      State                                      ZIP Code

\_\_\_\_\_  
Primary Phone Number                      Is this a cell phone?  Y  N

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer/School                                      City, State

\_\_\_\_\_  
Parent/Guardian (If primary member is under 18)

\_\_\_\_\_  
Referred by: Name                                      Phone

**Office Use Only** Referred Member's ID #: \_\_\_\_\_

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

\_\_\_\_\_  
Email Address                                      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+)
- Child Care Family
- Family/Household
- Family/Household Package
- Night Owl (after-hours membership)

### Contribution:

- I would like to contribute to the YMCA Partner of Youth Annual Campaign through my monthly membership draft in the amount of \$\_\_\_\_\_per month.
- I would like more information about making a one-time donation.

### Payment Method

**Draft Date:**  1st  15th

- Monthly Draft from Checking/Savings
- Monthly Draft from Credit/Debit Card\*  
\* \$3.00 service fee applies
- Annual Pay

### Areas of Interest

- Personal Training
- InBody Assessment
- Group Fitness
- Sm. Group Training
- Weight Loss
- Massage
- Handball
- Racquetball
- PlayTown (Child Care while you workout)
- Active Older Adult Programs
  
- Swim Lessons
- Gator Swim Team
- Adult Aquatics
- Lap Swimming
  
- Youth Sports
- Climbing Wall
- Gymnastics
- Youth Basketball
- Youth Programs
- Day Camp(6-11yrs)
- Parents Night Out Events
- School Out Day Camp (6-11yrs)
  
- Safety Education
- Babysitting Training
- Birthday Parties
- Rentals
- Child Care (Full Day)
- Youth Holiday / Celebration Events
- Camp Cormorant (Resident Camp)
- Volunteering

### How did you hear about us?

Please specify:

\_\_\_\_\_

### 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

# 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 <sup>st</sup> of each month	15 <sup>th</sup> of prior month
15 <sup>th</sup> 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 1<sup>st</sup> of the month the last day to turn in a change, cancel, or hold is the 15<sup>th</sup> of the month prior. If your draft date is the 15<sup>th</sup> 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.

Total Dues: \_\_\_\_\_

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 \_\_\_\_\_



**YMCA CASS AND  
CLAY COUNTIES**

# **Y MATCH MEMBERSHIP Helpful Guidelines**

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## **Income Verification Guidelines**

Have more questions? We are happy to help explain in more detail. Each applicant will need to provide a copy of their current year 1040 federal tax returns (provided they have been filed) and any additional documents showing all of the financial support they receive. Each working adult will need to provide a copy of their federal tax forms, whether you have filed separately or jointly. If your income tax return accurately reflects your current financial situation, then that is the only documentation that you will need. Gross income totals will be used during the qualification process. If you are not required to file taxes, or have yet to file them, you will need to provide a minimum of (but not limited to) 2 documents showing your projected yearly income, financial support and proof of dependency.

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## **Income & Financial Support**

Did you file federal income taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone else claim you as a dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive any Child Support or Alimony? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive any Government Assistance Support? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive Monthly SSI or SSDI? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive a Pension or Retirement? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive Weekly Unemployment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive other monthly financial support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the source of income: \_\_\_\_\_

**If you have checked yes for one of the questions above, then you will need to have a form of acceptable income verification for it.**

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Please see the reverse side for acceptable forms of income verification.

Please note that if you have filed taxes and it is not an accurate reflection of your current income you will need to bring documentation that shows otherwise.

Proof of dependency is required.

## **INCOME & FINANCIAL SUPPORT VERIFICATION DOCUMENTATION**

**Provide a copy of a 1040 federal tax return documents** (hand written forms are not valid)

- Approved 1040 federal tax return document options: 1040, 1040A, 1040EZ, 1040NR, 1040X, or 1040 Schedule C

OR

**Provide a minimum of 2 forms of income verification:**

1. Social Security Income (SSI) or Social Security Disability Income (SSDI)
2. Government Assistance (MFIP) - Example: food stamps, grants, loans, cash allowances, rental assistance, childcare assistance
3. Unemployment Statement
4. Letter of Termination from employer
5. Pay Stubs for each working adult (4 weeks) find weekly average to show change from tax document
6. Self-Employed: 1040 income on Schedule C or quarterly income statement. Income before deductions
7. ND/MN Care or Medical Assistance (MA) letter stating who is eligible or covered by it. (A copy of the card is not acceptable documentation)
8. Pensions or Retirement
9. Child Support Income & Alimony payments
10. Bank Statements that show income source (minimum of 3 months)
11. Letter of Financial Statement from an organization that has knowledge of the applicant's financial support status, household size and situation. This must be on letterhead and cannot be a relative, a personal friend, or a YMCA team member. This is not required unless needed for a second verification.
12. Student Loan living expense portion. If there is not current income verification, zero income, negative income or not approved documentation of income, a Personal Pricing Plan award cannot be processed.

## **PROOF OF DEPENDENT(S)**

**Provide a minimum of 1 document of dependent (s) verification:**

1. Dependents claimed on approved 1040 federal tax return documents
2. Free School Lunch Program Letter
3. Social Security Income (SSI) or Social Security Disability Income (SSDI): benefit will be addressed to the parent, but child's name will be listed on the same document
4. Professional Letter from Landlord
5. Government Assistance Documentation Listing Household Size
6. MN Care or Medical Assistance (MA) documentation or letter stating who is eligible or insured with the same address listed as parent or guardians (a copy of the card is not acceptable documentation)
7. If Renting or Leasing children's name is listed on the lease as living in the household
8. Child Support Statement showing how much they are paying out, receiving, or showing 50% custody. (If children are not claimed as dependents when filing taxes each year.)
9. Report Card from School with parent or guardian's name and child's name present
10. Transfer of Parental Rights notarized or legal documentation
11. Custody Agreement legal documentation or a signed document on letterhead, from a mediator.
12. Adopted or Foster Children documentation (foster child GA income should be included in total income)
13. Letter from a Guardian ad Litem working with the family.

## **DOCUMENTATION RESOURCES**

1. Social Security website to create profile - [www.ssa.gov](http://www.ssa.gov)
2. PDF of official taxes - [www.irs.gov](http://www.irs.gov)
3. Proof of food and cash benefits from government - [www.ebtedge.com](http://www.ebtedge.com)