



# WOODSON YMCA

## COMMUNITY SUPPORTED MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Appointment Date: \_\_\_\_\_  
 Appointment Time: \_\_\_\_\_  
 Appointment With: \_\_\_\_\_

**TYPE OF APPOINTMENT**  
 New Applicant  
 Renewal Applicant

**INTERESTED IN**  
 Adult  
 Family/Household  
 Youth (Community Supported Kid)  
 Program Scholarships

### Please bring the following to your appointment

If you do not provide these items, we cannot process your application.

Contact Member Services: 715-845-2177 or visit our website: [www.woodsonymca.com](http://www.woodsonymca.com) for more information.

- Latest Tax Return\*
- Last 2 Paystubs (all working adults)
- Social Security or Disability Award Letter\*\* (if applicable)
- Unemployment Award Letter (if applicable)
- Any Other Income or Assistance (if applicable)

\*If you have not filed taxes, a letter of non-filing from the IRS is required at time of appointment.

\*\*If current Social Security or Disability Award letter is provided, a letter of non-filing is not required.

### Please print the primary member's information below

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

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

**Address** \_\_\_\_\_  
Street City State Zip

**Phone** \_\_\_\_\_  
Home/Cell Work Emergency

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender**  M  F **Race** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Parent(s) name** (youth membership) \_\_\_\_\_ **Parent's Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Additional Family / Household Members

One or two adults living in the same household with children under the age of 19 or in college up to age 25.

**Spouse / Adult Household Resident** \_\_\_\_\_  
First Middle Initial Last

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

**Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender**  M  F

**Employer** \_\_\_\_\_ **Race** \_\_\_\_\_

Dependents Living at Home	M	F	Date of Birth	School	Race

**Special circumstances**

Additional information or circumstances that staff should be aware of when making Community Supported Membership or scholarship determination (i.e.: medical bills, unemployment, family crisis, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral Agency** \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

**BEHAVIOR**

Membership at the Woodson YMCA is a privilege. The Woodson YMCA, to the extent not otherwise prohibited by applicable law, reserves the right to deny, condition, or revoke membership of any individual who: (i) is arrested for, charged with, or convicted of sex offenses as that term is defined in Wis. Stat. I301.45(1d)(b); (ii) is arrested for, charged with, or convicted of other crimes inconsistent with the values of the YMCA, including crimes involving moral turpitude or bodily harm; or (iii) engages in inappropriate behavior, or other misconduct on or near the property of the YMCA, including, but not limited to, profanity, abusive language, inappropriate attire, smoking, consumption of alcohol, or removal or damage of YMCA property.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

**POLICIES**

I understand that if I wish to cancel, I will provide a 30-day notice by either completing a cancellation form or by mailing in a cancellation letter. Cancellations via phone are not accepted.

I understand that my photo may be taken and used in marketing materials. If I do not wish to have my photo included, I will notify the photographer.

**NATIONWIDE MEMBERSHIP**

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**QUALIFICATIONS\***

<u>Household Size</u>	<u>Annual Income</u>
1	\$22,495
2	\$30,451
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647

\*Special circumstances will be considered

**PAYMENT INFORMATION**

Annual Gross Family/Household Income \_\_\_\_\_

Monthly Membership Dues \_\_\_\_\_

Scholarship % \_\_\_\_\_

Date approved \_\_\_\_\_

**PAYMENT PLAN**

- Monthly Auto Deduction (EFT/Credit Card)
- Annual Pay (Cash/Check/Credit Card)
- Community Supported Kid
- Goodwill Membership

Director's Signature \_\_\_\_\_