



WOODSON YMCA

Community Supported Membership Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Appointment Date: _____ Appointment Time: _____ Appointment With: _____

You must bring the following to your appointment:

- ☐ 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 do not provide these items, we cannot process your application.

* 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.

Questions? Contact Member Services: 715-845-2177

Visit our website for more information.: WoodsonYMCA.com/csm

Applicant

FIRST NAME	M.I.	LAST NAME		
ADDRESS	CITY	STATE	ZIP	
DATE OF BIRTH	GENDER	RACE		
PHONE	EMAIL			
EMPLOYER				
EMERGENCY CONTACT		PHONE		
YOUTH: PARENT NAME		DATE OF BIRTH		

Appointment Type

- ☐ New Applicant
- ☐ Renewal Applicant

Membership Type

- ☐ CMS Family / Household*
- ☐ CSM Adult
- ☐ Community Kid
- ☐ Program Scholarship

* FAMILY / HOUSEHOLD:

One or two adults living in the same household and any of their dependents children under the age of 19 or in college (full time) up to age 25.

Spouse / Adult Household Member*

FIRST NAME	M.I.	LAST NAME		
DATE OF BIRTH	GENDER	RACE		
PHONE	EMAIL			
EMPLOYER				

Additional Family / Household Members* Dependents Living at Home

FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	SCHOOL
FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	SCHOOL
FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	SCHOOL
FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	SCHOOL
FIRST NAME	M.I.	LAST NAME	GENDER
DATE OF BIRTH	AGE	RACE	SCHOOL

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. §301.45(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 the Woodson YMCA, Inc. may make adjustments to the monthly fees with a 30 day notice. This notice can be electronic, to include an email or posting on the YMCA website, or paper notification via flyers and/or signs in common areas of the facilities.
- 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.
- Members: Children under 10 must be supervised by an adult while in our Y facilities.
Non-Members: Children under 12 must be supervised by an adult while in our Y facilities.
- Youth Track Orientation: Ages 7-15 Years must successfully complete the 15 minute orientation is required for children who want to use the track. A parent must also attend orientation with the child. Schedule an appointment at Member Service Center of either branch.
Following completion of the orientation, youth ages 7-9 are allowed on the track with adult supervision.
After taking the orientation, youth ages 11+ can use the track unsupervised.
- Wellness Center: Ages 12-15 Years must successfully complete the Youth Strength Training Orientation may use cardio equipment and weight machines in the Wellness Center. Orientation includes hands-on experience with fitness training equipment.
Sign up at Member Service Center of either branch. Must be 16 years of age to use the free weights.
- Group Fitness Classes: Ages 12 and over may attend group exercise classes at either Y branch.

YMCA 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 for other claims, including loss of property, to the fullest extent of the law.

Signature: _____ Date: _____

FOR STAFF USE ONLY

QUALIFICATIONS* AS OF JUNE 2023

Household Size	Annual Income
1	\$18,954 – \$26,973
2	\$25,636 – \$36,482
3	\$32,318 – \$45,991
4	\$39,000 – \$55,500
5	\$45,682 – \$65,009
6	\$52,364 – \$74,518
7	\$59,046 – \$84,027
8	\$65,728 – \$93,536

*Special circumstances will be considered.

Payment Information

Annual Gross Family Income \$

Monthly Membership Dues \$

Scholarship %

Date Approved

IMPORTANT:

- ☐ Checked & Verified Photo ID
- ☐ DAXKO Photo Taken

Director's Signature: _____

Payment Plan

- ☐ Monthly Auto Deductions (Bank Draft/Credit Card)
- ☐ Annual Payment
- ☐ If Renewal - Use Payment Method on File

Date: _____