



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Membership And Program Financial Assistance Application

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 Henderson County Family YMCA 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 believes that no one should be denied access to the Y based on their ability to pay. Through our Assistance Program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining the amount of assistance is handled by YMCAs 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 a 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.

The assistance program reduces membership and/or program fees; it does not eliminate them.

You will receive an approval phone call within a week of returning your completed application. If your application is incomplete, your application will be returned to you through mail for completion.

The YMCA requests that individuals and families reapply once each year to update documentation so we can ensure continuous service.

Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.

Please contact membership@hcfymca.org or call if you have any questions.



Our Mission:

To put christian principles into practice through programs, services, and facilities that build a healthy spirit, mind, and body for all.

HCFYMCA.ORG

MEMBERSHIP AND PROGRAM ASSISTANCE APPLICATION

Apply in Five Easy Steps

1 Primary Applicant Information

FIRST NAME: _____ MI _____ LAST NAME _____

BIRTHDATE: ____/____/____ GENDER: ☐ M ☐ F

MAILING ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: (____) _____ - _____ PHONE (OTHER): (____) _____ - _____

Please provide email address for member communication and online account access

EMAIL: _____

EMPLOYER: _____ WORK PHONE: (____) _____ - _____

EMERGENCY CONTACT: _____ PHONE: (____) _____ - _____

2 I am Applying For

Check category for which you are applying

M E M B E R S H I P	YOUTH (ages 17 & under)
	STUDENT (Must be enrolled in a school)
	ADULT (age 18+)
	TWO ADULTS (age 18+)
	SINGLE PARENT + CHILDREN
	TWO ADULTS + CHILDREN
	SENIOR (age 60+)
	SENIOR COUPLE (primary must be 60+)
	PROGRAMS
	OTHER _____

3 All Persons Living In This Household

Place a check mark ☒ for each family member applying for assistance.

☐ Adult	DOB	Gender M F
☐ Adult	DOB	Gender M F
☐ Child	DOB	Gender M F
☐ Child	DOB	Gender M F
☐ Child	DOB	Gender M F
☐ Child	DOB	Gender M F
☐ Child	DOB	Gender M F
☐ Other Dependent(s)	Age(s)	Gender M F

FOR OFFICE USE

UNIT ID# _____ Date Approved _____

Membership % Awarded _____ Exp _____

Program % Awarded _____ Exp _____

Programs Included _____

4 To Qualify For Scholarship, Provide The Following Documents:

I FILED FEDERAL TAXES FOR LAST YEAR

☐ I am an individual filing jointly; I am providing ONE 1040 form

☐ We filed more than ONE tax form in our household; We are providing _____ 1040 forms.

☐ 1040 Federal Tax Form(s) for all incomes in household

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

☐ Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 = _____
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

5 Please Read The Following And Sign

I agree (if requested) to send additional information and documentation to support the above statements. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. **Membership payments are drafted on the 15th of the month. Memberships require a 30 day notice to cancel.** A request to cancel can be completed at our Welcome Center or by emailing jboone@hcfymca.org. A cancellation request received between the 1st and 15th of any month will still be drafted in that same month. I understand that my membership will be periodically reviewed and can be canceled for non-payment. By signing this member enrollment form, I agree that I and anyone listed as part of this unit will abide by the YMCA's Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a sexual offense and that the Y screens its membership records for new convictions monthly.

I understand that YMCA activities involve inherent risks and voluntarily assume full responsibility for any injury or loss. I release and hold harmless the YMCA, its staff, and volunteers from all claims arising from my participation in programs or use of YMCA facilities, whether on-site or off-site.

X _____
Signature of applicant and Guardian if under the age of 18

Date _____