



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Callaway County
1715 Wood Street
Fulton, MO 65251
573-642-1065
www.ymcaofcallaway.org

MEMBERSHIP FOR ALL

Membership & Program OUTREACH 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 YMCA of Callaway County 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 OUTREACH Program, the YMCA of Callaway County provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by YMCA staff, in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants 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.

PLEASE NOTE

- Support from our OUTREACH Program reduces membership and program fees; it does not eliminate them.
- All support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.

Please contact Member Services if you have any questions.



Name: _____

Date of Birth: _____

Eligibility will be made within two business days, how do you want to be notified?

Email _____ Mail _____ Phone Call _____

1 PRIMARY APPLICANT:

Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone Number () _____

2 ALL OTHER PERSONS LIVING IN HOUSEHOLD:

Parent/Guardian/Adult _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

3 I AM APPLYING FOR:

✓ Check the category for which you are applying

- YOUNG ADULT (19-23)
- ADULT (24-61)
- COUPLE
- SINGLE PARENT FAMILY
- FAMILY/HOUSEHOLD
- SENIOR (62+)
- SENIOR HOUSEHOLD
- YOUTH SPORTS or PROGRAMS ONLY
- ADULT PROGRAMS ONLY
- SUMMER CAMP
For summer camp applications, you must first contact Department of Social Services Child Care Assistance to determine state eligibility. Please call (573) 592-4138.

4 EMERGENCY CONTACT INFORMATION:

5 ATTACH DOCUMENTS TO VERIFY INCOME AMOUNTS:

Bring ALL documentation and a photo ID to the YMCA upon joining.

Monthly Household Income	
Income Source	Household Monthly Gross
Gross Wages – before taxes <small>(Attach one month of paycheck stubs)</small>	\$ _____
Child Support <small>(Attach letter or proof of deposit)</small>	\$ _____ /Month
Food Stamps <small>(Attach letter or proof of deposit)</small>	\$ _____
Social Security/Disability: <small>(Attach letter or proof of deposit)</small>	\$ _____
Public Assistance: (AFCD/ADC, TANF)	\$ _____
Unemployment Benefits:	\$ _____
Retirement/Pension Plans:	\$ _____
Gross Monthly Income	\$ _____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation; I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. I understand that those receiving 80-90% assistance are required to pay annually. I understand that this application must be renewed annually.

6 _____
Signature of person completing this form Today's Date

FOR MEMBERSHIP STAFF USE Application Date _____ Staff Initials _____

Based on Gross Annual Income of \$ _____

membership discount of _____ % program discount of _____ %

joining fee of \$ _____ monthly rate \$ _____ annual rate of \$ _____

This pre-approval is valid for 90 days and subject to completion of membership process.