

ST. JOSEPH FAMILY YMCA

FAIR SHARE APPLICATION

PLEASE CHECK:
🗖 Membership
Youth Sports
Aquatics
🗖 Childcare
🗖 Camp

Please print clearly and complete all information. Incomplete applications will delay the processing of your request. For questions about the application process, please call the St. Joseph Family YMCA, at 816-233-YMCA (9622). This application MUST be accompanied by verification of all current income. (ALL COPIES SUBMITTED WITH APPLICATION FORM, <u>WILL NOT BE RETURNED</u>.)

SECTION 1 – APPLICATION INFORMATION

Applicants Name:								
Address:		City	State Zip Code					
Date of Birth:// Male Female Home Phone: () Cell Phone: ()								
E-Mail Address:								
Applicant Information Spouse Information								
Place of Employment:		Place of Employment:	Place of Employment:					
Gross Pay (total BEFORE deduc	ctions): \$ per paycheck	Gross Pay (total BEFORE deductions): \$ per paycheck						
Pay Cycle:		Pay Cycle:						
WeeklyBi-Weekly Twice/Month Monthly WeeklyBi-Weekly Twice/Month Month								
Total Gross Monthly Income \$ **How much can you afford to pay?								
			** (MUST BE FILLED IN)					
Additional Income: (ALL sources of income must be reported)								
Child Support (all children):		DC/Temp. Assistance:	\$/mo					
Food Stamps:		upplemental Security:	\$/mo					
Social Security:		lousing/Utilities Assistance:	\$/mo					
Unemployment:	\$/mo C	hild Support Paid by Applican	t: \$/mo					
Is applicant a client of Albar	ny Regional Center?	If so, does client need sup	pervision?					
Membership Type Applying	for: 🔄 Individual 🛄 Fami	ly (please include family member	rs below in the space provided)					

MUST HAVE PROOF OF DEPENDANCY FOR A FAMILY MEMBERSHIP (COPY OF CURRENT 1040 TAX RETURN, CHILD SUPPORT STATEMENT)

First Name	Last Name	Relationship	Date of Birth	M or F

What benefits do you see in having financial assistance to join the YMCA as a member?

If there are any special circumstances that we should be aware of, please explain (i.e., receipts, medical bills, etc.):

TELL US YOUR Y STORY

The donors that give to our Mission Partners Campaign would like to know your story. If you could take a moment and tell us how this membership will help you and or your family. Turn this back in when you turn in your application. Thanks your St. Joseph Family YMCA.

The St. Joseph Family YMCA will review the <u>completed</u> application. If you have not received an acceptance/denial letter after 2 weeks, please call for status. If this application is approved, the applicant will have 30 days from the date of the approval letter to accept the membership.

Signature of Applicant

Date

St. Joseph Family YMCA 315 S. Sixth Street, St. Joseph, Missouri 64501 816 233 YMCA (9622), Fax 816 233 8288, Website: www.stjoymca.org

MISSION: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

OFFICE USE: Membership Type: Customer % Y% Program Discount %

Joining Fee % Joining Fee \$ Monthly Bank Draft Amount \$ Annual Amount \$