FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY



MEMBERSHIP FOR ALL Everyone is welcome



The Y welcomes all who wish to participate and believes that no one should be denied access based on their ability to pay. Through our Membership For All Program, we provide assistance to youth, adults, and families based on individual needs and circumstances.

The YMCA of the Foothills is an association of members open to all. Those facing economic hardship will be accommodated as resources are available to do so. Those requesting support are asked to provide documentation of financial need. All personal and financial information submitted to the Y for the purpose of accommodating fees is strictly confidential.

YMCA of the Foothills Membership Rates							
Family	All Ages Within Household	\$75 Join	\$98 Monthly				
Adult	26 - 64	\$50 Join	\$67 Monthly				
Senior	65+	\$25 Join	\$59 Monthly				
Youth	0 - 25	\$25 Join	\$30 Monthly				
www.ymcafoothills.org							

MEMBERSHIP FOR ALL

Guidelines and Request Process

PERSONAL INFORMATION						
Head of Household Name Phone Phone						
Address						
City	State	Zip	Email			
What Type of Membership and/or Program(s)						

AREAS OF INTEREST

Invest in our community, volunteer, and donate to our cause and create lasting and meaningful change for adults, families, seniors, and youth in our community. What areas of volunteering interest you?

DEPENDENT INFORMATION

List names and dates of birth for all individuals residing in the household who share living expenses, including head of household:

Name	D.O.B	Name	D.O.B
Name	D.O.B	Name	D.O.B
Name	D.O.B	Name	D.O.B
Name	D.O.B	Name	D.O.B

FINANCIAL INFORMATION

List gross monthly income from all sources for individuals 18 and older:

Wages Food Stamps Unemployment

Cash Aid ______ SSI/SSA_____ Child Support______

Alimony______ Section 8______ Misc/Other_____

Total Annual Household Income

PLEASE INCLUDE ALL OF THE FOLLOWING DOCUMENTS

I have verified the following

	2019 1040 Fe	ederal Tax	Form(s) for	all individuals	in household
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3 months of most recent bank statements for all incomes in household

- 2 most recent paystubs for all incomes in household
- Documents showing government assistance being provided

documents

_____ Signature Date_____

I declare that all information contained in this request is accurate Signature_____ Date_____

MFA request are reveiwed on an annual basis