



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 might be 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

Crescenta-Cañada Family YMCA
Verdugo Hills Family YMCA
Crescenta Valley Family YMCA

www.ymcafoothills.org

The mission of the YMCA of the Foothills is to organize, develop, finance and conduct programs for an association of persons of all ages that will, by putting Christian principles into practice, enrich the quality of their lives spiritually, mentally, physically and socially.

MEMBERSHIP FOR ALL

Guidelines and Request Process

Head of Household Name _____

Address (No PO Box) _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email _____ Request For (Membership type or Program): _____

AREAS OF INTEREST

Invest in our community, volunteer and donate to our cause and create lasting meaningful change for adults, families, seniors and youth in our neighborhood. If there are any areas of YMCA programs that you would be interested in volunteering for please list them:

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

FINANCIAL INFORMATION

List gross monthly income from all sources for individuals 18 and old-

Wages	Food Stamps	Unemployment
Cash Aid	SSI/SSA	Child Support
Alimony	Section 8	Misc/Other
\$ _____		
TOTAL ANNUAL HOUSEHOLD INCOME		

Notes:

Based on our membership rates, what do you feel you can afford monthly: \$ _____

PLEASE INCLUDE ONE OF THE FOLLOWING DOCUMENTS

- 2015-1040 Federal Tax Form(s) for all incomes in household
- 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.

I have verified all the following documents:

 Date ____/____/2016 Signature _____