



Membership For All — Application Form

-CONFIDENTIAL-

Please Print:

First Name _____ Last Name: _____ Birthdate _____ Sex _____
Address _____ City _____ State _____ Zip _____
Phone: Home _____ Cell _____ Work _____
Email Address _____

What branch are you applying at?
___ Cahokia ___ CMT ___ Downtown
___ East Belleville ___ Monroe
___ O'Fallon ___ Red Bud

Have you previously received financial assistance from the YMCA of Southwest Illinois? ___ Yes ___ No
If yes, which branch? _____ Is this a renewal application? ___ Yes ___ No

Please list dependents if applying for a household membership

Spouse _____ Birthdate _____ Sex _____
Dependent _____ Birthdate _____ Sex _____
Dependent _____ Birthdate _____ Sex _____
Dependent _____ Birthdate _____ Sex _____
Dependent _____ Birthdate _____ Sex _____

* For more dependents please attach an additional application.

What type of membership are you applying for: *skip if you are applying for a program only
___ Adult ___ Household ___ Single Parent Household ___ Youth ___ Senior ___ Senior Couple

What programs would you like assistance with:

___ Aquatics ___ Adult programs ___ Youth sports ___ School Aged Child Care ___ N/A
___ Summer camps ___ Family programs ___ Teen programs ___ Other _____

How much can you afford to pay? For membership (per month) _____ Per program _____

Please explain the circumstances that are requiring you to request assistance.

*Please attach a letter if more room is needed.

Please check the reason you are applying for financial assistance:

Limited Income ___ Loss of Job ___ Medical Bills ___ Divorce ___ Other, please specify: _____

Financial Information:

Income

\$ _____ Monthly Gross Paycheck
\$ _____ Spouse's Gross Paycheck
\$ _____ Alimony/Child Support
\$ _____ Social Security
\$ _____ Unemployment
\$ _____ Pensions & Annuities
\$ _____ Food Stamps or Other Income
\$ _____ Total Monthly Income

Expenses

\$ _____ Monthly Mortgage/Rent
\$ _____ Utilities & Food
\$ _____ Credit Cards
\$ _____ Child Care
\$ _____ Medical
\$ _____ Car/Student Loans
\$ _____ Other _____
\$ _____ Total Monthly Expenses

The Partner with Youth Strong Kids Campaign and the United Way allow the YMCA of Southwest Illinois to not turn anyone away due to the inability to pay. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before the application can be approved. By my signature I am requesting assistance and I certify that all information provided is correct.

Signature _____ Date _____



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

