

Staff:

Date:

AUBURN YMCA-WEIU MEMBERSHIP FOR ALL APPLICATION

Documentation Provided:

Rate:

First	MI	Last			
Address			CITY ST		ZIP CODE
STREET					ZIP CODE
Primary phone ()		Is this a cell	phone? ∐Yes ∐No		
Primary Email (required) ————					
Date of Birth	Age	Gender			
Emergency contactRelationship			Phone ()		
ADDITIONAL ADULT	IN HOUSEHO	LD			
Proof of residency may be require					
First		MI	Last		
<u>-</u>					710.00
STREET Primary phone ()	_	Is this a	cell nhone? Yes No	CITY ST	ZIP CO
Primary Email (required)					
Date of Birth		Age	Gender		
DEPENDENTS IN HO	USEHOLD				
st	MI	Last		Gender	
B Age					
st	MI	Last		Gender -	
B Age		_			
st	MI	Last		Gandor	
B Age				dender	
st	MI	Last			
)B Age					
st	MI	Last		Gend	er
)B Age					

TOTAL HOUSEHOL	.D INCOME & MEMBE	RSHIP TYPE					
□ \$0 — \$14,999	□ \$40,000 — \$44,999	☐ Youth	Please note that total household				
□ \$15,000 — \$19,999	□ \$45,000— \$49,999	☐ Young Adult	income verification must be				
□ \$20,000 — \$26,999	□ \$50,000—\$54,999	□ Adult□ Senior	provided for all membership assistance types.				
□ \$27,000 — \$29,999	□ \$55,000—\$55,999	□ Family					
□ \$30,000 — \$34,999	□ \$60,000 and up		The Auburn YMCA has the right to table any application of any individual				
□ \$35,000 — \$39,999	400,000 mil sp		who has an unpaid balance due or who				
members, participants a	ular sex offender screenings nd guests. If a sex offender ight to cancel membership, e e visitation access.	match occurs,	has had a previous history of incident to behavior that is not in keeping with the Auburn Y Code of Conduct.				
Have you ever been plac	ed on the sex offender regis	stry? YES NO					
PAYMENT INFOR	MATION ng for your membershi	ip?					
$\hfill \square$ Monthly draft option	\square Quarterly paym	nent option \Box	Semi-annual payment option				
☐ Annual payment option	on						
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
ALIBUDN VMCA – W	EIU MEMBERSHIP FOR	ALL SCHOLARSHIR	AGDEEMENT				
AGBORN TMCA - W		ALL SCHOLARSHIP	AGREEMENT				
	• • •	•	income within one week of joining or my				
•	I revert to full price upon		raft. ce but will not receive any refund on the drafted fee				
amount above my N	•	return to my Mi A pric	e but will not receive any refund on the drafted ree				
	Representative has assist	ed me in estimating m	y scholarship rate based on preliminary income				
information.	olication will be reviewed	and approved by a Mo	mborchin Specialist				
		• •	te differs from the estimated discount.				
My scholarship is v	•	, ,					
•	email 45 days before my	• •					
Updated documentation must be supplied yearly to continue at a scholarship rate. Failure to supply an updated proof of income at least two weeks before the renewal date will result in							
• • •	e reverting to the full pri						
•	-	•	e increase thirty (30) days before it takes effect.				
			notify the Auburn YMCA 14 days before my next				
• •	ne of the following metho	•	lember Services Desk.				
•	burnymca.net OR stepha • YMCA via written notice	•	ate the membership two weeks before the payment				
=	red to pay for the curren	· ·	are the membership two weeks before the payment				
5.		5 :					
Signature:		Date:					