



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Member Support Application

OLYMPIC PENINSULA YMCA

**PLEASE ALLOW 1 WEEK FOR PROCESSING.**

**DATE Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

The Y is committed to serving people of all ages, races, religions, and economic levels. This information is kept confidential and will not be used for any other purpose.

Current Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Family Size: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**SPOUSE'S INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Name(s) of additional members of the household:

- 1. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_
- 2. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_
- 3. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_
- 4. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_
- 5. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_
- 6. \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

**CIRCLE THE APPROPRIATE MEMBERSHIP TYPE:**

- Program Member      Youth (0-12)      Teen (13-19)      Young Adult (20-26)      Adult (27+)
- Household-1 Adult (1 Adult + dependents under 25)      Household-2 Adults (2 Adults + dependents under 25)

**PLEASE ITEMIZE YOUR MONTHLY INCOME BELOW.**

INCOME	MONTHLY GROSS	PAY SCHEDULE
Wages, salaries, and tips	\$	
Unemployment compensation	\$	
Social Security compensation	\$	
Child Support/Alimony	\$	
DCFS/TANF	\$	
Disability	\$	
401K/Retirement/IRA's/Investment	\$	
Financial Aid	\$	
Foster Care	\$	
VA Benefits	\$	
Other	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	

Please submit copies of the following documents along with your completed application. Initial which documents you have submitted. If you do not have all documents, please explain below:

- \_\_\_\_\_ One FULL Month current paystub(s) **AND** Federal Income Tax Return
- \_\_\_\_\_ Current Social Security Retirement
- \_\_\_\_\_ Current unemployment benefits
- \_\_\_\_\_ Current SSI benefits verification letter or payment stub
- \_\_\_\_\_ GAU/GAX/TANF General Assistance Statement
- \_\_\_\_\_ Child Support/Alimony Statement
- \_\_\_\_\_ No Income (Must have someone provide a statement verifying Zero Income)

**IMPORTANT: Your application may only be processed when ALL of the required forms have been received.**

Please write a paragraph stating your reason for your request for member support: \_\_\_\_\_

---



---



---



---



---



---

I am submitting income verification with my application for member support and certify that the above information is true and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_

Family Size: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Combined Monthly Income: \$ \_\_\_\_\_

Award: Membership Dues \_\_\_\_\_% Join Fee \$ \_\_\_\_\_ Programs \_\_\_\_\_%

MST Unit ID \_\_\_\_\_ Current Membership Type: \_\_\_\_\_

Current Dues \$ \_\_\_\_\_ New Dues \$ \_\_\_\_\_ Discount Group Added/Correct: Y N/A