



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OLYMPIC PENINSULA YMCA MEMBER AND PROGRAM SUPPORT APPLICATION

THE MISSION OF THE YMCA

To strengthen communities through programs and services that build healthy spirit, mind, and body.

EVERYONE IS WELCOME

We will create communities that are inclusive and socially just so that all people can thrive. We will not tolerate bias, hatred, or discrimination that leads to the oppression of individuals or communities. We will ensure sustained and meaningful progress toward equity and human dignity for all.

COMMITTED TO OUR COMMUNITY

Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

The assistance program reduces membership and/or program fees; it may not eliminate them. Upon completion of your Member and Program Support Application you will be awarded your qualifying assistance percentage.

NOTE If applying for childcare assistance you must first apply and receive a denial confirmation through DCYF (Working Connections) before program support is available for childcare.

The Olympic Peninsula YMCA is a nonprofit organization. We work side-by-side with our neighbors to ensure that everyone, regardless of gender, income or background, has the opportunity to live life to the fullest. Thanks to the generosity of the local community, the Y offers member and program support to any individuals or family so that they have access to the essentials needed to learn, grow and thrive.



OLYMPICPENINSULAYMCA.ORG

OLYMPIC PENINSULA YMCA

MEMBER AND PROGRAM SUPPORT APPLICATION

Apply in Five Easy Steps

1 Primary Applicant Information

FIRST NAME: _____ MI: _____ LAST NAME: _____
BIRTHDATE: ____/____/____
MAILING ADDRESS: _____ APT# _____
CITY: _____ STATE: _____ ZIP: _____
PRIMARY PHONE: () _____ - _____ Other Phone: () _____ - _____
EMAIL: _____

2 All Additional Persons Living In This Household

NAME: _____ DOB: ____/____/____
NAME: _____ DOB: ____/____/____
NAME: _____ DOB: ____/____/____
NAME: _____ DOB: ____/____/____
NAME: _____ DOB: ____/____/____

*If direct costs are more than 50% of the fee, financial support will be allocated based on available resources.

****Must apply and receive denial confirmation through DCYF (Working Connections) before Program Support is available for Childcare.**

3 I Am Applying For

Check all that apply

<input type="checkbox"/>	ADULT (age 27+)
<input type="checkbox"/>	HOUSEHOLD-1 ADULT
<input type="checkbox"/>	HOUSEHOLD-2 ADULTS
<input type="checkbox"/>	TEEN (ages 12-19)
<input type="checkbox"/>	YOUTH (ages 0-11)
<input type="checkbox"/>	YOUNG ADULT (ages 20-26)
<input type="checkbox"/>	PROGRAMS
<input type="checkbox"/>	CHILDCARE**

4 Check the Box that Best Describes Your Household's Annual Income*

ANNUAL HOUSEHOLD INCOME

<input type="checkbox"/>	\$65,000+
<input type="checkbox"/>	\$60,000 - \$64,999
<input type="checkbox"/>	\$55,000 - \$59,999
<input type="checkbox"/>	\$50,000 - \$54,999
<input type="checkbox"/>	\$45,000 - \$49,999
<input type="checkbox"/>	\$40,000 - \$44,999
<input type="checkbox"/>	\$35,000 - \$39,999
<input type="checkbox"/>	\$30,000 - \$34,999
<input type="checkbox"/>	\$0 - \$30,000

5 All financial support is allocated based upon available resources.

By signing below I certify that the information herein is true and correct to the best of my knowledge and belief, and agree to notify the YMCA within 30 days of increases in household income greater than 10% that will continue more than 30 days, and that I understand any support granted is subject to change with 30 days notice and that I agree to comply with income verification upon request.

Applicants Signature: _____ Date: _____

You can submit your application in person or digitally to:

YMCA OF SEQUIM
610 N. 5th Ave., Sequim
Cally Tauran
cally@olympicpeninsulaymca.org

YMCA OF PORT ANGELES
302 S. Francis St., Port Angeles
Shauna Phillips
s.phillips@olympicpeninsulaymca.org

YMCA of JEFFERSON COUNTY
1925 Blain St., Port Townsend
Keith Williams
k.williams@olympicpeninsulaymca.org

FOR OFFICE USE ONLY:

Date Processed: _____ By: _____ Annual Income: \$ _____ Award: _____ %

Unit ID: _____ Mem. Type: _____ Current Dues \$ _____ New Dues \$ _____

Discount Group Added: Y N/A

Alert/Notes Added: Y N/A