



GREATER WICHITA YMCA MEMBERSHIP APPLICATION

Date: _____ Mbr #: _____

APPLICANT INFORMATION

Name: _____

Email: _____

Home Address: _____ Apt # _____

City: _____ St: _____ Zip: _____

Home/Cell Phone: _____ Unlisted: Yes NoSex: M F Birthdate: ____/____/____ Link ID# _____ (staff use)

Employer: _____ Work Phone: _____

Household Income Level*

- 1. Under \$10,000
- 2. \$10,000-14,999
- 3. \$15,000-24,999
- 4. \$25,000-34,999
- 5. \$35,000-49,999
- 6. \$50,000-74,999
- 7. Over \$75,000

Race/Ethnicity*

- 1. Asian
- 2. Black
- 3. Hispanic
- 4. Native American
- 5. White
- 6. Other _____
- 8. Hawaiian/Pacific Islander
- 9. Two or more races

Membership Value-added Options

- Towel Service, qty: _____
- Kit Locker, qty: _____
- Nursery for 1 child
- Nursery for family

*The above is used for EEOC guidelines and to ensure we are meeting the needs of the community.

BANKDRAFT PAYMENT PLAN

- My next monthly draft will be \$ _____ on or about the 15th of _____ from my CHECKING or SAVINGS account.
- Bankdraft payment plan is a **CONTINUOUS MEMBERSHIP**, and it will continue unless the YMCA is **NOTIFIED IN WRITING 30 DAYS PRIOR TO NEXT DRAFT**. Member Initials: _____
- Membership rates are subject to change; you will be notified in writing prior to any membership adjustments.
- I will notify the YMCA of any change in my bank, account, phone number or home address a minimum of 10 days before draft occurs.
- I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment, **PLUS** any service fee assessed by the YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid.
- **ATTACH VOIDED CHECK TO THIS FORM (NO DEPOSIT SLIPS)**

Authorized Bank Account Signature _____

Date _____

COMPLETE THIS SECTION FOR FAMILY OR ACTIVE OLDER ADULT COUPLE MEMBERSHIPS ONLY

Adult #2	Sex	Link ID# (staff use)	Birthdate	Work Phone
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____	_____

Employer	Email
_____	_____

LEGAL DEPENDENTS AGES 23 & UNDER IN HOUSEHOLD	Dependent Name	Sex	Link ID# (staff use)	Birthdate
1	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
2	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
3	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
4	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
5	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____

Applicant Signature _____

Date _____

By signing, I certify that all provided information is accurate and complete to the best of my knowledge.

Parent/Guardian Signature (if under 18) _____

Date _____

FOR OFFICE USE ONLY

Membership \$ _____

Options \$ _____

Joiner Fee \$ _____

Total Paid \$ _____

Payment Method:

 Cash Check # _____ Charge
 Type: MC Visa Disc

Membership type _____

Corporate group # _____

Member's employee # _____

Income-based rate % _____

Gross annual income \$ _____

Staff _____

Date _____

MEMBERSHIP RATES (no contracts)

Joiner Fee (Adult, Family, Active Older Adult) \$50.00

Joiner Fee (Youth) \$25.00

The joiner fee is a one-time fee, as long as membership is continuous.

CATEGORIES & RATES

	MONTHLY	ANNUAL
Youth (ages 0-17)	\$18.00	\$216.00
Adult (ages 18 & up)	\$38.80	\$465.60
Family*	\$53.90	\$646.80

*One or two adults & their legal dependents age 23 & under residing in the same household

Active Older Adult (65 & up) \$33.93 \$407.16

Active Older Adult (Couple) \$44.91 \$538.92

Discounted corporate rates are available--call 219-9622 x5568.

VALUE-ADDED OPTIONS

DROP-IN NURSERY (KID ZONE) Monthly: \$13/one child, \$18/family

TOWELS Monthly: \$5.30/person

KIT LOCKER \$5.30/locker

INCOME-BASED FINANCIAL ASSISTANCE

Who is eligible?

Income-based financial assistance is available for all membership types, child care, and most programs. If you are a current Y member and your financial situation changes, you may be eligible for income-based financial assistance.

HOW TO APPLY

To apply for income-based financial assistance for membership, programs, camp, or child care, income verification is necessary. Documentation is required for total household income. Bring a copy of your tax return(s) for the most current filing year (IRS form 1040, 1040A, etc). If needed, you may be asked to submit additional information.