



# GREATER WICHITA YMCA MEMBERSHIP APPLICATION

Date: \_\_\_\_\_ Mbr #: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Unlisted:  Yes  No

Sex:  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 |
|----------|-------|
| _____    | _____ |

|  | Dependent Name | Sex   | Link ID# (staff use) | Birthdate      |
|--|----------------|---|----------------------|----------------|
| <b>LEGAL DEPENDENTS AGES 23 &amp; UNDER IN HOUSEHOLD</b> | 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 x8808.

## 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.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.