



# MEMBERSHIP FOR ALL APPLICATION

The YMCA of the Northwoods is committed to our mission that, "No one is turned away for the inability to pay." Everyone receives the same membership benefits, and/or quality programming regardless of whether or not they are receiving financial assistance. The YMCA maintains confidentiality of all financial information received in the application process. This application is for both Membership and Program Scholarships.

- Membership for All reduces membership and/or program fees; it does not eliminate them.
- Qualifying applicants need to bring in proof of financial documents within 30 days of application.
- 12-month renewal with updated documentation is requested of all Membership For All applications.
- Membership and program fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership or program discount will expire.
- In order to qualify for a Program discount, you must first have a Membership For All application discount.
- The YMCA reserves the right to ask for additional documentation at any time.

## APPLY IN JUST 5 EASY STEPS.

### 1. APPLICANT INFORMATION

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

If applicant is under 18 years old: Parent or Legal Guardian Printed Name: \_\_\_\_\_

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

### 2. ALL PEOPLE LIVING IN HOUSEHOLD

(Any 2 adults & any dependents under age 23.)  
(Please provide Legal Names.)

Adult: \_\_\_\_\_ DOB: \_\_\_\_\_

Adult: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

## PROGRAM & MEMBERSHIP FOR ALL SCALE

(For All Membership Types & Select Programs)

Annual Gross Income		% Scholarship Off of Program Rate	% Scholarship Off of Monthly Membership Rate				
From:	To:		1 Person	2 People	3 People	4 People	5+ People
\$0	\$19,000	60%	65%	70%	75%	80%	85%
\$19,001	\$26,000	50%	55%	65%	70%	75%	80%
\$26,001	\$33,000	40%	40%	50%	65%	70%	75%
\$33,001	\$39,000	30%	25%	35%	60%	65%	70%
\$39,001	\$47,000	20%	10%	15%	50%	55%	60%
\$47,001	\$67,000	10%	—	—	20%	30%	40%

**YMCA OF THE NORTHWOODS**  
Beck Family Center  
2003 E. Winnebago Street, Rhinelander, WI 54501

[www.ymcaofthenorthwoods.org](http://www.ymcaofthenorthwoods.org)  
715-362-9622

Please see reverse side of form.

**YOUTH DEVELOPMENT CENTER**  
Tripp Family Campus  
511 S. Pelham Street, Rhinelander, WI 54501



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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### 3. I AM APPLYING FOR:

Membership: \_\_\_\_YES \_\_\_\_NO

Programs\*: \_\_\_\_YES \_\_\_\_NO

Both Membership & Programs\*: \_\_\_\_YES \_\_\_\_NO

\*Does not apply to YMCA licensed child care programs. Please reach out to the Department of Social Services for child care program discounts.



### 4. TO QUALIFY FOR SCHOLARSHIPS, PROVIDE ALL APPLICABLE DOCUMENTS:

	Adult 1	Adult 2	Adult 3
<b>Gross Income:</b> (All wages, tips, pensions, annuities)			
<b>Tax Return:</b> (Most recent 1040 form)			
<b>Child Support:</b>			
<b>Social Security Benefits:</b>			
<b>Unemployment:</b>			
<b>Food Share:</b>			
<b>Disability:</b>			
<b>Any Other Income:</b>			

For your application to be considered, please provide verification of all sources of household income:

- Most recent 30 days income of all wage earners, this includes pension and tax return form 1040
- Court order verifying child support
- Verification of any government assistance
- Current SSI documentation
- Proof of unemployment/verification not employed
- Any dependent person over age 19 must be verified on a tax return form 1040
- Proof of any other source of income

Total Monthly Income: \$ \_\_\_\_\_

### 5. THIS APPLICATION MUST BE RENEWED EVERY YEAR.

I certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not represented above. I agree, if necessary, to send information and documentation to support the above statements. I understand that Membership For All Scholarship assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of Person Completing This Form: \_\_\_\_\_ Date: \_\_\_\_\_

Attach copies of all applicable financial documents and turn into the YMCA Welcome Desk.  
Once approved, documents will be shredded.

**TELL US MORE...** Use this space to include any additional information or life circumstance that were not included on this application. If you need more space, attach an additional sheet of paper. (Medical, traumatic event, major expenses, loss of job, caretaking, etc.)