



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FACILITY MEMBERSHIP	
<input type="checkbox"/> Youth (12 and under)	<input type="checkbox"/> Two Adult*
<input type="checkbox"/> Teen (13-18)	<input type="checkbox"/> Family*
<input type="checkbox"/> Young Adult (19-24)*	<input type="checkbox"/> Senior (60+)*
<input type="checkbox"/> Adult (25-59)*	<input type="checkbox"/> Senior Family*

**\$15 joining fee applicable.*

PROGRAM MEMBERSHIP

YMCA OF METRO ATLANTA FINANCIAL ASSISTANCE APPLICATION

NEW APPLICATION **RENEWAL APPLICATION**

STEP 1 Enter household information (ONLY IF NEW APPLICANT). Date Application Submitted ____/____/____

First/Last Name: _____ DOB (MM/DD/YYYY): ____/____/____ Age: ____ Gender: ____
 Phone #: _____ E-mail Address: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Emergency Phone Type: Home / Work / Mobile Phone #: _____ Emergency Contact: _____

List names (including last names if different from applicant) and ages of everyone residing in your household that you would like on membership:

First Name, Last Name	Age	DOB MM/DD/YYYY	Gender	Relationship Example: wife, son, etc.
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	_____
6. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

STEP 2 Verify current total household income, sign, and submit supporting documents.

Submit a copy of last year's tax return – form 1040 **AND** a copy of one of the following supporting documents:

- last two pay stubs
- a letter from employer verifying current salary
- social security or disability check/award letters
- unemployment income verification letter

What is the combined/total annual household income? \$ _____ What amount can you pay monthly? \$ _____

Special Circumstances (if any): _____
 Signature _____ Date _____

PROGRAM ONLY Specify number of scholarships needed per category and refer to program guide for details.

NO.	CATEGORY	PROGRAM / CHILD'S NAME / AGE	DATES & TIMES
_____	Youth Sports	_____	Season/Year: _____
_____	Adult Sports	_____	Season/Year: _____
_____	After-School	_____	School Year: _____
_____	Aquatics	_____	Session(s): _____ Time: _____
_____	Day Camp	_____	Week(s): _____
_____	Family	_____	Session(s): _____ Time: _____
_____	Wellness	_____	Session(s): _____ Time: _____

ADMINISTRATION ONLY					
Membership Level	Membership Type	Household Income	Approved % / Amt.	Date Approved	Approved By
Program Type	Projected Registration Cost	Department ID	Approved % / Amt.	Date Approved	Approved By