



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FLEXIBLE PRICING

## MEMBERSHIPS FOR ALL



### EVERYONE IS WELCOME

The YMCA welcomes all who wish to Participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign, the Y provides flexible pricing to youth, adults and families based on individual needs and circumstances.

### PLEASE NOTE

- Support from our Annual Campaign reduces membership and program fees; it does not eliminate them.

The monthly minimum fee for membership is \$5.00 and \$10.00 for programs.

- Support is awarded based on household size and annual income, up to \$86,000. All support will be granted for 3, 6 or 12 months.
- Membership and program fees are subject to change upon annual review.
- Members are responsible for payments for the duration of the membership.
- Support is granted following a review of all documentation.
- Some specialized Y programs and our Early Childhood Center use a separate sliding fee scale.
- The Y reserves the right to request additional information when necessary.

### Number of Individuals in the Household

Family Income	1	2	3	4	5+
\$0 - \$26,000	80%	90%	90%	90%	90%
\$26,001 - \$41,000	50%	70%	75%	80%	90%
\$41,001 - \$56,000	0%	50%	60%	70%	80%
\$56,001 - \$71,000	0%	30%	50%	60%	70%
\$71,001 - \$86,000	0%	0%	30%	50%	60%



LA CROSSE AREA FAMILY YMCA  
www.laxymca.org | 608.782.9622

# Membership, Program and Childcare Support Application

## 1 APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Gender:  Male  Female  Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Total Adjusted Household Income: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_  
Disability: \$ \_\_\_\_\_

## 2 PLEASE LIST ALL PERSONS IN YOUR HOUSEHOLD TO INCLUDE ON YOUR MEMBERSHIP (leave any fields blank if same as applicant)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

## 3 TO QUALIFY, PLEASE PROVIDE THE FOLLOWING DOCUMENT(S) FOR EVERY ADULT IN THE HOUSEHOLD UPON FIRST VISIT: • Federal Tax Form 1040

### IF FORM 1040 IS NOT AVAILABLE, OTHER ACCEPTABLE DOCUMENTS INCLUDE:

- One month of Paychecks or Pay stubs
- W-2
- Social Security Benefit Statement

### IF YOU ARE UNABLE TO PROVIDE ANY OF THE ABOVE, PLEASE PROVIDE A WRITTEN STATEMENT EXPLAINING YOUR SITUATION AND ANY INCOME YOU MAY BE EARNING:

\_\_\_\_\_  
\_\_\_\_\_

## 4 IS SOMEONE IN YOUR HOUSEHOLD CURRENTLY ENROLLED OR PLANNING TO ENROLL IN THE YMCA'S SCHOOL AGE OR CHILDCARE PROGRAM(S)? Yes No

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future

5 \_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date