



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# EVERYONE IS WELCOME

## YMCA OPEN DOORS PROGRAM

The heart of the Y's mission is to reach out and serve all people in our communities. Because the Y is community-based and believes that its programs and services should be available to everyone, we offer the "Open Doors" program. This program offers a sliding fee scale that is designed to fit the financial situation of each individual and family in our community.

### HOW DO I APPLY?

Complete the "Open Doors" application on the reverse side. Verification of income will need to be provided by submitting a copy of your most recent tax return, the last two pay stubs of everyone in the household, and the most recent W-2 of everyone in household. Membership and program fees will be reviewed for eligibility annually.

### WHO SEES MY FINANCIAL INFORMATION?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by Y staff. No information is shared with any other agency or organization.

### WANT TO KNOW MORE?

Call (740) 654-0616 ext. 245 or visit the Y for more information!

### YOU CAN HELP!

Thanks to our generous donors, our Annual Giving Campaign helps fund our Open Doors program to make the Y accessible to all regardless of their financial situation. If you would like to make a tax-deductible donation, ask our staff or visit <https://ymcalancaster.org/donate/>



**ROBERT K. FOX FAMILY YMCA**  
A United Way Agency Partner



# YMCA Open Doors Application

Are you currently receiving financial assistance from the YMCA? Yes \_\_\_\_\_ No \_\_\_\_\_

### TERMS AND APPLICATION INFORMATION:

- Renewal applicants will be asked to submit a renewal application annually at least 30-days prior to their expiration date.
- All eligible applicants will be asked to pay a pro-rated fee at sign up.
- Applicants must include a copy of a recent Federal tax return, and the last two pay stubs and W-2 of everyone in the household. All information is confidential.
- All applications must be completed thoroughly and accurately to be processed.
- All Open Doors memberships draft on the 5th of each month.

### YMCA MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

### OUR PROMISE:

No one will be turned away from the YMCA due to the inability to pay.

### INCOME:

- \$ \_\_\_\_\_ Gross Monthly Income (primary adult)
- \$ \_\_\_\_\_ Gross Monthly Income (Secondary adult)
- \$ \_\_\_\_\_ Child Support
- \$ \_\_\_\_\_ Public Assistance (TANF, food stamps)
- \$ \_\_\_\_\_ Unemployment
- \$ \_\_\_\_\_ Social Security
- \$ \_\_\_\_\_ Retirement/Pension
- \$ \_\_\_\_\_ Alimony
- \$ \_\_\_\_\_ Other
- \$ \_\_\_\_\_ Total Monthly Income

### DOCUMENTATION CHECKLIST:

- \_\_\_\_\_ Federal tax return (Form 1040). If you do not have a copy, please call 1-800-829-1040.
- \_\_\_\_\_ Last two pay stubs of everyone in the household.
- \_\_\_\_\_ Most recent W-2 of everyone in the household.
- \_\_\_\_\_ Verification of assistance- SSI, food stamps, etc.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have income not represented above.

Signature of person completing this application

Date

### Office Use Only:

Monthly Membership Rate: \$ \_\_\_\_\_

Sign up expiration: \_\_\_\_\_

Approved by (Membership Director): \_\_\_\_\_ Date: \_\_\_\_\_

\*Failure to sign up by the expiration deadline will require applicant to re-apply\*



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# ROBERT K. FOX FAMILY YMCA Membership Application

<b>PRIMARY MEMBER</b>	LEGAL FIRST NAME	M.I.	LAST	
MAILING ADDRESS				
CITY			STATE	ZIP CODE
EMAIL ADDRESS (to be used for online registration for all family members and/or for newsletters)				Would you like to receive email notifications? <b>Y N</b>
PRIMARY PHONE		SECONDARY PHONE	BIRTHDATE	GENDER
<b>PERSONAL INFORMATION</b>	EMERGENCY CONTACT NAME:	RELATIONSHIP:		PHONE:
<b>MEMBERSHIP TYPE</b>	<input type="checkbox"/> YOUTH <input type="checkbox"/> TEEN <input type="checkbox"/> YOUNG ADULT <input type="checkbox"/> ADULT <input type="checkbox"/> TWO ADULT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> ONE-ADULT HOUSEHOLD <input type="checkbox"/> TWO SENIOR <input type="checkbox"/> SENIOR ADULT <input type="checkbox"/> SENIOR HOUSEHOLD			

FAMILY MEMBERS				
LEGAL FIRST NAME	M.I.	LAST NAME	BIRTHDATE	GENDER
2nd adult			/ /	
3			/ /	
4			/ /	
5			/ /	
6			/ /	
7			/ /	
8			/ /	
9			/ /	
10			/ /	

PLEASE ADVISE HOW YOU HEARD ABOUT THE YMCA			
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> Previous Member	
<input type="checkbox"/> Website	<input type="checkbox"/> Mailer: Promotion	<input type="checkbox"/> Current Member	
<input type="checkbox"/> Local Radio	<input type="checkbox"/> Local Television	<input type="checkbox"/> Through Employer	
<input type="checkbox"/> Insurance	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Other:	

# ROBERT K. FOX FAMILY YMCA

## Auto-Pay Authorization & Code of Conduct

In consideration of my participation in the activities of the Robert K Fox Family YMCA, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administration, waive, release and forever discharge and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA. I do hereby declare myself to be physically sound, having medical approval to participate in the activities of the YMCA. I give authority to the bank shown on the voided check or card information provided below to honor the pre-authorized payment drawn by you on my account for membership payments as indicated above. It is understood that your sending of a pre-authorized check or draft to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check or draft, I understand that I will remain liable for such payment and shall immediately pay to you such amount together with a processing fee of \$30.00, paid in full via cash.

1. Memberships on the Bank Draft Plan authorizes the YMCA to draft a monthly charge from your bank account to cover your membership fee. Your membership payment will continue in this manner until you or the YMCA cancels it in writing.
2. We draft Open Doors on the 5th of each month. If the 5th of the month falls on a holiday or weekend, the draft will occur on the next business day. If the amount of your monthly bank draft changes at any time, you will be notified in writing at least 30 days prior to the change.
3. When canceling your bank draft membership, you must surrender all membership cards to the YMCA and give the YMCA a 30 day written cancellation notice. Your account may be drafted one more time depending on the date of the written termination notice with respect to the 30 day notification requirement.
4. You must maintain sufficient funds in your bank account to cover the monthly draft or the bank will treat it as a returned check. Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a processing fee applied by the YMCA in the amount of \$30.00. This is in addition to any processing fee my bank may make.
5. When changing bank accounts or membership status, you must give the YMCA a 30 day written change or email notice. This change must be completed before the 20th of the month or before.

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, program participation, and remove visitation access. In addition, the YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and or dangerous drugs or is presently under the influence of drugs, chemicals, narcotics, or intoxicating beverages.

- I understand that the YMCA membership is non-refundable and non-transferable.
- I authorize monthly payment from my provided banking information

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

circle one:  Checking     Savings     Voided Check attached

**Bank** \_\_\_\_\_

**Credit Card**    **Debit Card** last 4 digits \_\_\_\_\_

**Credit Card Type:**     MasterCard     Visa     Discover     American Express

**Name on Card:** \_\_\_\_\_    **Expiration:** \_\_\_\_\_

### For Office Use Only:

**Staff Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Corporate:**     Y     N

if yes, \_\_\_\_\_

### ANNUAL GIVING CAMPAIGN

Through our Annual Giving Campaign the YMCA keeps our **promise** to the community that no one is turned away from the YMCA due to an inability to pay. The campaign relies on generous donations from our members, program participants, businesses and local foundations. Please consider helping to provide YMCA memberships and programs to others in your community. Our cause builds community!

**YES!** I'd like to help!    **\$2**    **\$5**    **\$10**    **\$25**    **\$** (Other - Please specify amount) \_\_\_\_\_    **No thanks!**

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Pay Now** \_\_\_\_\_    **Bill Me (Date)** \_\_\_\_\_    **Pay Via Monthly Auto-Pay (\$/month)** \_\_\_\_\_

**\*Payments are also acceptable by cash or check\***

#### PHOTO/TALENT RELEASE

I give permission to the Robert K. Fox Family YMCA & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include any of my family member's or my image or voice for purposes of promoting or interpreting YMCA programs.

**Initials:** \_\_\_\_\_

#### MEMBER CODE OF CONDUCT

I hereby acknowledge that I have read the YMCA Member Code of Conduct and will abide by its provisions. I take responsibility to share the code of conduct with all members listed on this application.

**Initials:** \_\_\_\_\_