

# YMCA of Corry Y-Friends Program

## Application for Membership Assistance

Information provide on this form will be held in strict confidence. Information requested must be complete and accurate or application can not be processed.

Type of Memberships: Student Adult Couple Single Parent Family  
Family

Head of household \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

If unemployed where did u last work and when:

\_\_\_\_\_

Email \_\_\_\_\_

Married or living together Single Separated Divorced

Spouse or live-ins name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Supervisor \_\_\_\_\_

If unemployed where did u last work and when:

Number of people in household: \_\_\_\_\_

Names:

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

Date of Birth

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

Please provide proof of income, ie, tax return, pay stub, W-2. Your application **Will Not** be processed without this information. Gross Earnings: \_\_\_\_\_

Additional Income:

Public Assistance	amount/month: _____
Social Security	amount/month: _____
Alimony/Child Support	amount/month: _____
Other	amount/month: _____

If membership is being requested for individuals in the family and not for the entire family, for whom is the membership being requested?

\_\_\_\_\_

\_\_\_\_\_

Is anyone in the family willing to do volunteer work for the YMCA? If so, whom?

\_\_\_\_\_

\_\_\_\_\_

I realize that the YMCA's financial resources are limited and, therefore, if eligible, I am expected to seek additional funding from other sources. I am also responsible for notifying the YMCA if my financial situation changes, and my ability to pay for my membership increases. In addition, I certify that the above information is accurate and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_

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

This application will be reviewed by the YMCA membership committee and financial assistance will be awarded according to the guidelines established by the YMCA Board of Directors. The guidelines will help determine the amount each applicant will be expected to pay for the membership. If, following the review of your application, you are not able to afford the reduced rate that is awarded to you by the committee; you may make a special request for additional assistance.

YMCA of Corry ▪ 906 North Center Street ▪ Corry, Pennsylvania 16407  
814-664-7757

Healthy Living    Youth Development    Social Responsibility