



Greater Burlington YMCA

# Membership for All Application

Downtown Burlington and Winooski Locations

*"We build strong kids, strong families,  
and strong communities."*

### Primary Member

*\*\*Please print*

Last Name	First Name	M.I.	Date of Birth / /	Sex (circle one) Male / Female
Street Address		City		State Zip
Email Address	Home Phone ( ) -		Cell Phone ( ) -	
Employer Name	Occupation		Work Phone ( ) -	

### Second Adult

Relation to Primary Member: \_\_\_\_\_

Last Name	First Name	M.I.	Date of Birth / /	Sex (circle one) Male / Female
Street Address		City		State Zip
Email Address	Home Phone ( ) -		Cell Phone ( ) -	
Employer Name	Occupation		Work Phone ( ) -	

### Dependents

Name (please indicate if different last name)	Date of Birth	Sex

### Emergency Contact

Name	Phone
Email Address	
Name	Phone
Email Address	

## Release and Waiver of Liability

In consideration for membership at the YMCA and participation in YMCA programs, I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any YMCA programs. I hereby waive all claims against the Greater Burlington YMCA, its instructors, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I might sustain, including negligence of the YMCA. I understand that there is a risk of injury associated with participation in any YMCA program and I certify that I am in good physical condition and have no disabilities that might hamper my participation. I certify that all of the information provided on this application is correct and true.

I HAVE READ AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY.

\_\_\_\_\_  
Primary Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Member Over 18 yrs. Date

Membership Type	Date Rec'd	Payment Method			Draft Start Date	Draft Day
		Annual <input type="checkbox"/>	Draft <input type="checkbox"/>	Other <input type="checkbox"/> (MFA Only)		
<input type="checkbox"/> Front Signature <input type="checkbox"/> Back Signature <input type="checkbox"/> Initial Termination Policy <input type="checkbox"/> Signed Draft Authorization Form						Staff Initial (Required)

## Membership Code of Conduct

- Greater Burlington YMCA members are expected to model the values of caring, honesty, respect, and responsibility with behavior so others can see the values in action.
- The YMCA reserves the right to revoke membership privileges at any time for violation of policies or behavior not in accordance with the mission and/or character values.
- Gym bags and personal belongings must be placed in lockers at all times. The Y is not responsible for lost or stolen items.

### I heard about MFA through:

- |  |  |
|--|--|
| <input type="checkbox"/> Doctor              | <input type="checkbox"/> Work                |
| <input type="checkbox"/> Advertising         | <input type="checkbox"/> Website             |
| <input type="checkbox"/> Past Member         | <input type="checkbox"/> Mail                |
| <input type="checkbox"/> School/College      | <input type="checkbox"/> Radio Station _____ |
| <input type="checkbox"/> Friend/Acquaintance | <input type="checkbox"/> TV Station _____    |

### Ethnicity (Optional)

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Native American    | <input type="checkbox"/> Hispanic  |
| <input type="checkbox"/> Asian/Pacific Isl. | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> African American   | <input type="checkbox"/> Other     |

## Termination Policy

1. It is my complete understanding that if I wish to terminate or change my membership in any way, I must complete a termination form giving the YMCA a **thirty (30) day notice**. \_\_\_\_\_(Please Initial)
2. Members may request their membership be put on hold for medical reasons (doctor's note required), work related absences (notification from employer required), or extended stays out of the area. Memberships placed "on hold" should not exceed three months duration, and may be charged a service fee. Members may not use YMCA facilities while a membership is "on hold". \_\_\_\_\_ (Please Initial)
3. YMCA draft membership is a **continuous** plan which **automatically renews monthly**. \_\_\_\_\_(Please Initial)
4. Should any payment not be honored by my bank/credit card company for any reason, I realize that I am still responsible for that payment **plus** a \$20 service fee applied by the YMCA. This is in addition to any service fee my bank may charge the YMCA. \_\_\_\_\_(Please Initial)
5. YMCA expects members to abide by all policies in the YMCA Member Handbook and reserves the right to terminate membership upon non-payment of fees or inappropriate conduct. \_\_\_\_\_ (Please Initial)
6. YMCA reserves the right to disallow bank drafting as a payment option for Membership. \_\_\_\_\_(Please Initial)
7. When renewing or joining, initiation fee is required on all memberships lapsed for more than 30 days. \_\_\_\_\_ (Please Initial)
8. MFA members must reapply and resubmit financial information annually to continue. \_\_\_\_\_(Please Initial)

*I hereby attest that I have read and understood the information contained in this application.*

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date



# Greater Burlington YMCA

## Membership for All Verification Sheet

*"We build strong kids, strong families,  
and strong communities."*

Name			Date of Birth		
Street Address		City		State	Zip
Email Address		Home Phone		Cell Phone	
Membership Type: <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Teen <input type="checkbox"/> Young Adult <input type="checkbox"/> 1-Adult Family <input type="checkbox"/> Family <input type="checkbox"/> Burlington <input type="checkbox"/> Winooski					

**HOUSEHOLD MEMBERS (Including self):**

First Name	Last Name	Relationship (Spouse, Child, etc.)	Age	Check if claimed on 1040 as dependent

### INCOME/EXPENSE WORKSHEET

INCOME	
Gross Monthly Income (before taxes)	\$
Spouse's Gross Monthly Income (before taxes)	\$
Child Support	\$
Aid to Dependent Children	\$
Social Security Compensation	\$
Unemployment Compensation	\$
Food Stamps	\$
Welfare	\$
Retirement Funds	\$
Other (Please Explain)	\$
Other (Please Explain)	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

EXPENSE	
Rent/Mortgage	\$
Car/Insurance	\$
Fuel	\$
Groceries	\$
Utilities	\$
Phone	\$
Child Support	\$
Medical	\$
Child Care	\$
Alimony	\$
Other (Please Explain)	\$
<b>TOTAL MONTHLY EXPENSE</b>	<b>\$</b>

I feel that I can contribute \$\_\_\_\_\_ each month to my membership.

I am requesting assistance from the YMCA due to my personal circumstances. I verify that all information submitted is complete and accurate. If my situation changes, I agree to notify the YMCA within the designated time. If I submit false or inaccurate information or fail to notify the YMCA of a change within 30 days, I may be terminated from the Membership for All Program. I understand that as a participant in this program, I may be asked to provide proof of income at any time. If I fail to provide income verification, my monthly rate will be adjusted. I understand that I need to reapply annually for the Membership for All pricing.

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

Office Use: <input type="checkbox"/> Income Verification <input type="checkbox"/> \$10.00 Registration <input type="checkbox"/> Contact Info <input type="checkbox"/> Signature	Staff Initials:	\$_____ Scholarship per month _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Date</span> <span>Approval</span> </div>
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## **INCOME VERIFICATION FREQUENTLY ASKED QUESTIONS**

1. How does the YMCA verify household income?
  - 1040 Tax Form—Line 37
  - 1040A Tax Form—Line 21
  - 1040EZ Tax Form—Line 22
  - IRS Form 8879—Line 1
  
2. How do I request 1040 forms?
  - 1-800-829-1040
  - [www.irs.gov](http://www.irs.gov)
  
3. How long does it take to receive forms?
  - Fax: 48 Hours - 7 days
  - Mail: 7 - 10 days
  
4. I do not file taxes and only receive Social Security or Social Security Disability. What do I use to verify my income? Submit at least two of the following items
  - Copy of your Social Security or Social Security Disability Award Letter
  - Copy of bank statement showing direct deposit of benefits
  - Copy of your Social Security check
  - Copy of your SSA - 1099
  - Including benefits for children under Social Security Disability
  
5. My income has changed from the last time I filed taxes. What should I submit?
  - On a separate page, list the changes that occurred from the previous year
  - Submit at least two of the following items:
    - W-2s and any other supporting documents to allow us to calculate your income
    - Three consecutive pay stubs to verify income from a new job
    - Statement of salary from your employer on company letterhead
  
6. What steps do I need to take if I am self-employed and this is not reflected on my previous year federal tax return?
  - Submit three copies of checks made out to you since you have been self-employed
  - Submit records of any deposits or transactions