



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF NORTH CENTRAL OHIO

MEMBERSHIP - Registration Form

Membership ID#: _____

Health Program ID#: _____

Branch: Mansfield YMCA Shelby YMCA

Type of Membership (Please check one)

- Youth College Sr./Corp. Adult Sr./Corp. Two Person Sr./Corp. Household
 Silver Sneaker Adult Two Person Household Military
 Silver & Fit Active & Fit Open Doors AARP/Renew Active Other: _____

Primary Member (Please Print)

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ Gender: Male/Female Ethnicity: _____ Marital Status: _____
(Optional)

Home Address: _____
Street Unit # City State Zip Code

Primary Phone: _____ Cell Phone: _____

Secondary Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____
First Name Last Name

Employer: _____

Parent/Spouse Information (Parent Information is required for all members under 18 years of age)

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ Gender: Male/Female Ethnicity: _____ Marital Status: _____
(Optional)

Home Address: _____
Street Unit # City State Zip Code

Primary Phone: _____ Cell Phone: _____

Secondary Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____
First Name Last Name

Employer: _____

Additional Family Members (Please Print)

	Last Name	First Name	Gender	Date of Birth	E-mail
1.			M / F	/ /	
2.			M / F	/ /	
3.			M / F	/ /	
4.			M / F	/ /	
5.			M / F	/ /	

How did you hear about the Y?

- YMCA Website E-mail Employer Family Former Member Internet
 Newspaper Radio Member Friend Billboard
 Direct Mail Other: _____

Assistance Desired For:

Membership* Programs COVID -19 Loss of Employment Relief

Please submit your completed Financial Assistance Application with the following:

Financial Assistance is based on total household income.

- ____ Copy of most recent Federal Taxes for all adults in the residence (1040 Tax Form).
- ____ Copies of the last two paycheck stubs for all those working in the household. A copy of your Schedule C from taxes if self-employed.
- ____ Other supporting documents that help show need or changes in financial situation not reflected in your 1040.
- ____ Copy of weekly statement from unemployment agency/any other assistance received

HOUSEHOLD INCOME INFORMATION

Please itemize your gross monthly household income.

Documentation* is required for all income sources not reflected on your 1040. *application may be revoked without copies

Salary, Wages & Tips:

Unemployment:

Social Security:

Child Support:

Alimony:

Retirement/Pension:

Other:

Total Income Monthly:



Ethnicity: Asian African American Hispanic/Latino Caucasian American Indian Other _____

Please read & initial the following:

_____ I affirm to the best of my knowledge that the information I provided is true and complete. I understand that if I falsify any of the above information, I will not be eligible for assistance.

_____ I realize that my Financial Assistance Application will not be processed until all documentation has been provided.

_____ I understand I will be responsible for any outstanding balances due to the Mansfield Area Y. (Late fees may apply)

Applicant Signature

Date

For Membership Office Use:

Received Date: _____

Documentation Received: _____

3 Month Covid-19 Assistance 12 Month Open Doors Scholarship

Approved Date: _____

Renewal/Re-eval Date: _____

If Denied, supply reason: _____

Employee Initial: _____