



ALWAYS WELCOME AT THE KENNEBEC VALLEY YMCA

Everyone Belongs at the Y



GIVING PEOPLE OPPORTUNITIES AND RESOURCES TO THRIVE

III. Income Information:

GROSS MONTHLY INCOME

Income and Assistance	1st Adult	2nd Adult	If you wish, please comment below on any extenuating circumstances which contribute to your need for assistance:
Did you file a federal tax return? Please provide a copy for each household member with income.	\$ Gross Annual Income	\$ Gross Annual Income	
Social Security or SSDI (Must Provide Documentation)	\$	\$	
Unemployment (Must Provide Documentation)	\$	\$	
TANF (Must Provide Documentation)	\$	\$	
Child Support or Alimony (Must Provide Documentation)	\$	\$	
Food Stamps (Must Provide Documentation)	\$	\$	
Housing Assistance (Must Provide Documentation)	\$	\$	
Pension or Retirement (Must Provide Documentation)	\$	\$	
Worker's Compensation or Disability (Must Provide Documentation)	\$	\$	
Other Income (Must Provide Documentation)	\$	\$	Please describe:

*If you have no income, how are you meeting your expenses? _____

I FEEL I CAN PAY \$ _____ PER MONTH TOWARDS MY MEMBERSHIP

I FEEL I CAN PAY \$ _____ TOWARDS A PROGRAM

PLEASE VERIFY ALL INFORMATION PROVIDED.

I, _____, verify that, to the best of my knowledge, all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the KV YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the KV YMCA within 30 days, my membership may be cancelled.

Signature of Applicant _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

*Please note that additional financial or personal information may be requested



Kennebec Valley YMCA

Signature _____

Verified: _____

MEMBERSHIP POLICES

- Cancellation/Change of Membership:** Open-ended memberships are a continuous payment plan that will be maintained until you, the member, terminate/change the agreement, or scholarship period ends. Written verification must be received 15 days prior to the draft date on the agreement. All membership dues must be brought current at the time of cancellation. ____
- I understand that I will receive at least 30 day notice of any changes in membership rates. ____
- Should any payment not be honored by my bank/credit card company for any reason, I understand that the Y will attempt to process that payment again for up to 30 days. I understand that I am still responsible for that payment plus a service charge applied by the KV YMCA. This is in addition to any service fee my bank may charge me or the YMCA. ____
- Cell phone use is not permitted in the locker rooms under any circumstance. Pictures of other members shall not be taken unless there is a personal relationship with that individual. ____
- Program and membership fees must be paid at time of registration. Participating in fee-related programs is allowed only to those who are properly pre-registered. Late registration for programs may be subject to Program Director approval. ____
- The KV YMCA is an environment that fosters positive and healthy relationships. Behavior such as foul language, dangerous actions, being under the influence of drugs and/or alcohol, damage to the facility, etc., is unacceptable. These actions may result in the KV YMCA requesting you to leave the premises or termination of your membership or facility usage. ____
- The membership card received upon initiating membership is your official membership card and assures that only members are in the building. Members are expected to present their membership card at every visit. Loaning this card to others may subject the member to loss/suspension of facility usage. ____
- The KV YMCA is not responsible for lost or stolen items. Personal locks may be used or a lock can be borrowed from the Welcome Center. The KV YMCA strongly suggests having all valuables secure. ____
- Members and guests are not allowed on YMCA premises with firearms, weapons or illegal substances. Membership may be terminated if this policy is violated. ____
- All membership fees are non-refundable and non-transferable. This policy may be adjusted if I have a medical reason stated in writing by my physician. ____

The KV YMCA reserves the right to revoke or deny any membership or facility usage. The protection of members and guests participating in programs and/or using the facility is paramount interest of the KV YMCA. ____

In signing this consent statement, I agree to use the equipment and waive liability against the Kennebec Valley YMCA (KV YMCA) and/or its staff and directors. In the event of a medical emergency, I authorize a representative of the KV YMCA to seek medical attention on my behalf. I also give my permission for any photograph and other media materials for myself and/or my family members to be used for promotional use by the KV YMCA. ____

All members are required to follow the KV YMCA Membership Policy (available upon request) or on our website: www.kvymca.org

TO HELP US PROVIDE A SAFE AND WELCOMING ENVIRONMENT, PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you or anyone listed on this application ever been convicted of a sexual offense? YES NO

Have you or anyone listed on this application ever been convicted of a crime other than a traffic violation? YES NO

If yes, please describe the type of crime and date of conviction. You may be contacted by a YMCA representative before your membership is processed. _____

Your signature below indicates that all information you have provided hereon is true, and you understand and agree to the above terms.

Membership Signature _____ Date _____

Parent/Guardian Signature (if under age 18) _____ Date _____