

Financial Assistance Application for Membership

Personal Information:

Name: _____ Date of Birth: _____

Phone#: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address _____ Marital Status _____ Single _____ Married

Spouse: _____ Spouse's Date of Birth: _____

Spouse's Employer: _____

The Chambersburg Memorial YMCA is founded on Christian principles and values and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, the removal of YMCA property, or criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny membership to its applicant and to revoke a membership of any member or participant at its sole discretion. The protection of our members and guest participating in our programs and/or using our facilities is the paramount interest of the YMCA. 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: is a registered sex offender; habitually or excessively uses narcotics or dangerous drugs; 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 continuously or excessively uses intoxicating beverages.

Financial Information:

Monthly Income (gross amount): _____ Food Stamps: _____

Social Security: _____ Disability: _____

Child Support: _____ Addition Income: _____

Must Submit Proof of Income: Copy of filed taxes, four consecutive paycheck stubs and copies of all Public Assistance, Child Support, Food Stamps and Social Security Income. Applications will not be submitted to Review Board without proof of income.

Please list all immediate family members to be covered by the membership. *Children on family memberships must be of legal guardianship of the above member or spouse and be living in their house hold. Children must be 18 years of age or younger or full time college students 22 years or younger. College identification card must be shown to be included on the family membership.

Family Information:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Relationship to You</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all the above information is correct to the best of my ability. I also understand that if any information is found false my application/membership will be terminated.

Signature _____ Date _____