



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**MARION FAMILY YMCA  
WOPAT YMCA CENTER**

645 Barks Road East – Marion, Ohio 43302  
P 740-725-9622 F 740-389-1287  
www.marionymca.org

**ALWAYS HERE FOR OUR COMMUNITY  
MEMBERSHIP DISCOUNT APPLICATION**

APPLICANT INFORMATION (please print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/ State Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

**List all individuals residing in household**

Spouse / Child(rens) Name	Date of Birth	Age	Relationship	Employer/School
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____

**I AM APPLYING FOR** (Check only one category):

- Youth** (age 9 to 17)
- Adult** (age 18 & older)
- Household I** (2 adults and children)
- Household II** (1 adult and children)
- Dual Adult** (2 adults)
- Household IV** ( extended family)

**WHAT IS THE MEMBERSHIP DISCOUNT PROGRAM?**

The Marion Family YMCA believes in providing membership and program services to all who seek us out, without bias and regardless of ability, gender, race, ethnicity, sexual orientation, gender identity, income or other demographic attribute. Furthermore, we are committed to providing discounts on membership and program fees for those who demonstrate financial need. The Y's membership discount program, funded in part by our Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for a discount.

**WHO IS ELIGIBLE FOR A MEMBERSHIP DISCOUNT?**

Membership Discounts are available through an application process. Individuals with annual income of less than \$40,000 and households with annual income of less than \$65,000 are encouraged to apply. For example, a household with four people and total household income of \$55,000 may be eligible for a 35% discount. Applications are available on our website marionymca.org in the Y Membership dropdown, by calling the Y to have one mailed, or at the Y Service Center.

**IS IT POSSIBLE TO JOIN THE Y FOR FREE?**

**No.** The Y believes a strong sense of ownership and pride is developed when the Membership Discount recipient contributes to the cost of their Y membership. Therefore, applicants will be asked to pay a portion of their membership and program fees.

**HOW QUICKLY CAN I EXPECT TO GET APPROVED?**

**You can get a temporary membership immediately if you walk in with a membership discount application and paper work. We no longer approve applications while you wait.** The temporary membership is \$13.50 per month plus \$5.00 joiners fee. Your temporary membership will run for the rest of the month in which you join and one additional month. This will give time for you to hear back on your application. Cost of this temporary membership is the prorated amount for the month you join, \$13.50 for the next full month, \$5 joiners fee and sales tax. You must pay in full for the temporary membership. You may use this temporary membership just once per year. If you are missing paperwork and the approval process takes longer than your temporary membership, your membership will expire and you will need to finish the approval process without a membership.

The application approval process normally takes three to four weeks. You will receive a letter in the mail indicating whether or not you've been approved and the cost of your membership.

**HOW LONG WILL THE DISCOUNT CONTINUE?**

The discount is generally granted for one year. If you are currently unemployed or waiting on SSI or other benefits, we will grant your discount for six months, after which you must reapply. Most participants must re-apply each year. We will send you a postcard reminder when it's time to reapply.

# MEMBERSHIP DISCOUNT APPLICATION

**Discount may not be awarded if any information is incomplete.**

Did you, or anyone in the household, file federal income taxes last year?  Yes  No

If yes, who filed: \_\_\_\_\_ (W-2 not accepted. Must provide copy of Fed Tax Form 1040.)

If no, why not? \_\_\_\_\_

Does someone claim you as a dependent on Federal Income Taxes?  Yes (Must include that person's income)

**Please complete and provide documentation for all sources of income from all adults in the household. Lack of documentation may prevent you from receiving a discount.**

- Monthly wages earned by all wage earners in the household. Must provide most recent 30 days of pay stubs for all wage earners. \_\_\_\_\_ Monthly
- Income earned as Independent Contractor \_\_\_\_\_ Monthly
- Unemployment benefits \_\_\_\_\_ Monthly
- Child support / alimony \_\_\_\_\_ Monthly
- Social Security / SSI \_\_\_\_\_ Monthly
- Food Assistance (SNAP) \_\_\_\_\_ Monthly
- Retirement / pension \_\_\_\_\_ Monthly
- Foster Parent per diem \_\_\_\_\_ Monthly
- Cash Assistance \_\_\_\_\_ Monthly
- HUD / Rental assistance \_\_\_\_\_ Monthly
- Cash payment for work performed (provide a letter from employer with average amount paid each month) \_\_\_\_\_ Monthly
- Other \_\_\_\_\_ Monthly
- Other \_\_\_\_\_ Monthly

**TOTAL \_\_\_\_\_ Monthly**

**Above Monthly total x 12 = ANNUAL TOTAL \_\_\_\_\_**

**Also required for all individuals in household who filed federal income taxes:**  
Copy of 1040 Federal Tax Form and Schedule C if Self Employed. W-2 not accepted.

Total Gross Income from Tax Form for all filers: \_\_\_\_\_

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**Adults, not claimed as someone's dependent, who claim no income and / or have no documentation of income must provide a letter, on letterhead, from a social service agency or faith organization validating estimated household income and need for financial assistance.**

**THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS**

I certify the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that this discount is based on need. I understand that falsifying any of the above information could jeopardize a membership discount now and/or in the future.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

APPROVED Yes  No  Date Approved \_\_\_\_\_

Y \_\_\_\_\_% YOU \_\_\_\_\_% Membership Type: \_\_\_\_\_

Monthly \$ \_\_\_\_\_

6 months \$ \_\_\_\_\_

Annual \$ \_\_\_\_\_

One Time Joiners Fee \$ \_\_\_\_\_ Staff Initials \_\_\_\_\_

Please tell us how a membership to the Y will benefit your household: