



Metro Atlanta YMCA

PARTNER WITH YOUTH ASSISTANCE APPLICATION

Let's get started today.

The process is easy. Just follow these 3 steps.

Date Application Submitted	____/____/____
Time Application Submitted	_____

STEP 1

Complete this form.

MEMBERSHIP STATUS	FACILITY MEMBERSHIP
<input type="checkbox"/> New (complete all)	<input type="checkbox"/> Youth (12 and under) <input type="checkbox"/> Family
<input type="checkbox"/> Existing (complete all)	<input type="checkbox"/> Teen (13 – 17) <input type="checkbox"/> Senior (60+)
	<input type="checkbox"/> Young Adult (18 – 24) <input type="checkbox"/> Senior Family
	<input type="checkbox"/> Adult (25 – 59) <input type="checkbox"/> Two Adult
	*Does not include programs

PERSONAL INFORMATION	Date of Birth (DOB) _____	Age: _____
Name _____	Phone _____	
Name of Guardian (if participant is under 18 years old) _____	Phone _____	
Address _____	City _____	State _____ Zip _____
Emergency Contact Name: _____	Phone Number: _____	
List names (including last names if different from applicant) and ages of everyone to be included in the membership.		
1. _____	Age _____ DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F Relationship _____ Ethnicity _____
2. _____	Age _____ DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F Relationship _____ Ethnicity _____
3. _____	Age _____ DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F Relationship _____ Ethnicity _____
4. _____	Age _____ DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F Relationship _____ Ethnicity _____
5. _____	Age _____ DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F Relationship _____ Ethnicity _____
6. _____	Age _____ DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F Relationship _____ Ethnicity _____

STEP 2

Application will not be processed without documentation.

Check **current** TOTAL household income.

- \$0 - \$9,999
 \$10,000 - \$13,999
 \$14,000 - \$16,999
 \$17,000 - \$19,999
 \$20,000 - \$24,999
 \$25,000 - \$29,999
 \$30,000 - \$34,999
 \$35,000 - \$39,999
 \$40,000 - \$44,999
 \$45,000 - \$50,000

Submit a copy of **ALL** of the following supporting documents that apply to your household:

- A copy of last year's tax return – form 1040 or a W – 2. (Tax Returns for self-employed applicants only)
- Your last two pay stubs.
- A letter from your employer verifying your **current** salary. (if pay stubs not available).
- Your unemployment income verification letter.
- Your Social Security or Disability check/assistance award letters (including child support/food stamps).
- Your class schedule if you are a student. (Needed for anyone over 18 on the application).

STEP 3

E-MAIL ADDRESS: _____

ADMINISTRATION ONLY						
Membership	Date Begins	Date Ends	Joining Fee	Membership Fee	Amount Paid	Total Financial Assistance
Approved By: _____			Date: _____		Receipt #: _____	