OFFICE USE ONLY

Receive Date _____ Discount _____% Member Will Pay $_____

Approval Date _____ Membership Type _____

New Application _____ Renewal _____ Staff Initial: _____

WELCOME ALL

FINANCIAL ASSISTANCE

OUR MISSION

APPLICANT INFORMATION

Primary/Parent Member Name: _____
First Last M.I

Home Address: _____
Address City State Zip

Main Phone #: _____ Secondary Phone #:_____

DOB: _____ M___F____ Membership Card #_____ Fob # _____

Email: _____ Emergency Contact Name & Phone

ALL PERSONS LIVING IN HOUSEHOLD

Marital Status _____ Do you share expenses _____ Total number of people in household _____

Please complete for family memberships only

Spouse's name _____ Date of Birth _____ M____ F____
Child's name _____ Date of Birth _____ M ____ F____
Child's name _____ Date of Birth _____ M ____ F____
Child's name _____ Date of Birth _____ M ____ F____
Child's name _____ Date of Birth _____ M ____ F____

NEED: (Please tell us why you are seeking financial assistance)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, AND BODY FOR ALL PEOPLE IN OUR COMMUNITY.

Please fill out this application completely. Please print clearly. **All information is confidential**.

EMPLOYMENT

Employer_____

Employment Status ____ Full Time ____ Part Time ____ Unemployed ____Retired ____ Disabled

Hourly Wage _____ Spouse's _____Gross Annual Income _____ Spouse's _____

Total Gross Annual Income _____

MONTHLY HOUSEHOLD INCOME

Applicant Monthly Income	Spouse	Monthly Expenses
Wages (gross) _____	_____	Rent/Mortgage _____
Child Support _____	_____	Utilities _____
Unemployment _____	_____	Car Payment _____
Workers Comp _____	_____	Childcare _____
Social Security _____	_____	Other _____
SSI _____	_____	
Food Stamps _____	_____	
Other _____	_____	

Please provide verification of household income. Preferably your latest pay stubs or deposit documents.

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA of Van Wert County immediately of any change in the above information. I also understand that false information on this application would void any financial assistance I have received.

Signature of Applicant _____ Date _____

YMCA of Van Wert County Continuous E-Pay Draft Authorization

Option 1: Bank Account Draft

Bank Name _____

Bank Customer Name _____

Member Name (if different) _____

Bank Routing Number _____ Savings _____Checking _____

Bank Account Number _____

123456789	0012005678	2987
Routing #	Account #	Check #

☐ **Option 2: Credit Card Draft** **(Credit card transaction will be subject to a 3% transaction fee)**

Name (as it appears on the card) _____

Member Name (if different) _____

Type of Card: VISA _____ Mastercard _____ Discover _____

Numbers on Card (16 digits) _____ Expiration Date _____

Billing Address _____

☐ **Option 3: Invoice (A $5 convenience fee will be charged each month)**

The YMCA of Van Wert County is hereby authorized to draw a draft each month on my account maintained at/on the above bank/card for the payment of the YMCA monthly amount due on my YMCA membership. Drafts will be drawn on the **5th** of each month. Should the 5th of the month fall on a weekend or holiday, the draft will take place on the next business day. If the draft on my EFT/card is returned for any reason, I authorize a second automatic draft on the 16th of the month or the next business day. It is agreed that:

1. **Bank Draft Only!** The YMCA shall incur no liability if the balance in the checking/savings account of the member is insufficient to cover any draft upon presentation. Should any pre-authorized check not be honored by said bank when received by them, it is understood that a $20.00 charge will be assessed to the member in addition to the payment.
2. **Credit Card Only!** Should any pre-authorized debit not be honored by said card when received by them, it is understood that a $20.00 charge will be assessed to the member, in addition to the payment.
3. The drawing and presentation for payment of such draft shall satisfy any requirements for giving notice of YMCA membership dues currently due.

This agreement shall continue in effect unless and until terminated by the YMCA or the member, whose signature appears below by written notice to the YMCA. In addition, the YMCA may terminate the agreement if any draft is not paid upon presentation. Cancelled memberships are required to return their 24/7 fobs within 1 week of cancellation or be subject to a $15 fee.

*If at any time throughout a year you change your membership to one of greater value, there are no additional fees. If you change to one of lesser value more than 1 time per year, there will be a $15 charge per change.

I am **initialing** that I hereby acknowledge that I have read and understand the following:

_____1. That my membership is **continuous** until I choose to cancel or my membership has an unpaid balance.

_____2. That to **cancel** my membership, I must complete a **cancellation form** before the 25th of the prior month to the date of my next draft.

_____3. That all memberships will have an annual 3% rate increase. Any rate increase above 3% will receive a 30 day notification.

_____4. Members are required to **return their 24/7 fobs** at the end of their membership or be subject to a **$15 fee**.

Signature: _____ Date: _____

Staff Initials:____ Draft Start Month: _____ Membership Type: _____ Member ID#: _____

By signing below, I hereby acknowledge that I have read and understand the following terms:

- Once I cancel, I must return my 24/7 fobs, keys, and cards or I will be subject to a $15 fee AFTER cancellation.
- All memberships will have an annual 3% rate increase. Any rate increase above 3% will receive a 30 day notification.

Membership types will automatically update based on age eligibility. Members will be notified of the change prior to the adjustment.

YMCA of Van Wert County GUEST RELEASE & WAIVER of LIABILITY & INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA , the undersigned, for himself or herself and any personal representative, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts the same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account or injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of release, or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND IDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND IDEMNITY AGREEMENT and further agrees that no oral representations, statements, or inducement apart from foregoing written agreement have been made.

If one does not want to have, a direct withdrawal there will be a five-dollar convenience fee at the front desk monthly.

By Signing below, I hereby state that I am 18 years of age or older and am legally authorized to sign this form.

_____ _____

Applicant Signature Date

YMCA OF VAN WERT COUNTY

FINANCIAL ASSISTANCE

MEMBERSHIP ASSISTANCE POLICY

The YMCA of Van Wert County strives to provide services and access to the Y for families and individuals who need them, regardless of your financial situation, within our available resources. The YMCA of Van Wert County has established fees at rates affordable to the majority of residents in Van Wert County. Those families or individuals who are unable to afford the true cost of our services may be awarded partial assistance based on their financial situation and the YMCA's ability to provide assistance.

APPLICATION PROCESS

Please follow the steps below to be considered for financial assistance through the YMCA of Van Wert County.

- **Provide a copy of a current employment pay stub or proof of income (copies only) or tax returns, government assistance documentation (SNAP, TANF, SSI).**
- **Provide current proof of any income from other support agencies (copies only)**
- **Proof of address : (bill, utilities bill, any significant expense)**
- Complete the entire application to the best of your ability.
- For your financial security, please black out any social security numbers or bank account numbers prior to submitting your forms.
- Assistance will be provided on the basis of need.
- A sliding scale will be used to determine the amount of assistance provided. Every family or individual will be asked to pay a portion of the membership fee.
- Financial assistance is granted on an annual basis. An invoice may be sent out 1 year after your FA membership is approved. **We will not cancel your membership automatically.**
- Financial assistance cannot be combined with other discounts, coupons, or other promotional offers.

SUSTAINING MEMBERSHIPS

Financial Assistance funds are made available due to the generous contributions to our sustaining membership campaign. Contributions to this fund are accepted from local businesses, YMCA members, and friends of the YMCA of Van Wert County.

UNITED WAY

Our YMCA programs are sponsored in part by a generous donation for the United Way of Van Wert County.