



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Mahaska County YMCA Scholarship Application

Name: _____

Phone: _____

Completed Membership Application must be attached

Household Income

Primary Adult's Employer	Second Adult's Employer
Primary Adult's Current Monthly Income (Gross) \$	Second Adult's Current Monthly Income (Gross) \$
Estimated Current Year Annual Household Income (Primary + Secondary X 12) \$	Prior Year Annual Household Income \$

Scholarship Request

Membership: (circle one)	Youth Senior	Adult Senior Couple	Family Senior Prime Time	Couple	College Senior Couple Prime Time
Program:	Swim Lessons	Youth Sport: _____	Other: _____		
If requesting Gymnastics, Tumbling, Cheer, or Dance scholarship, a Gymnastics Scholarship Application must be completed.					

Required Attachments:

Most recent Tax Return

OR whatever is applicable from:

- Last 2 pay stubs
- SSI documentation
- FIP/Food Assistance documentation
- Child Support documentation

Please take a few moments to tell us how this assistance will help you and your family.

I certify that the above information is accurate. I understand that if approved for a scholarship, I (or my children) must attend the program approved for. If membership, I/our family must use the facility a minimum of four times monthly. Scholarship revocation may result from lack of use.

Applicant Signature: _____

Date: ___/___/___



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Mahaska County YMCA Membership Application

Primary Member

Name (First MI Last)		DOB	Gender	Race/Ethnicity	Marital Status
Address		City/State/Zip		Email	
Primary Phone	<input type="radio"/> Home <input type="radio"/> Cell	Secondary Phone	<input type="radio"/> Home <input type="radio"/> Cell	Emergency Contact	
Employer				Emergency Contact Number	

Second Adult

Name (First MI Last)		DOB	Gender	Race/Ethnicity
Primary Phone	<input type="radio"/> Home <input type="radio"/> Cell	Secondary Phone		<input type="radio"/> Home <input type="radio"/> Cell
Employer		Email		

Family Membership Information (list last name if different):

#	Dependent/Children's Names	M/F	Birth Date	Race/Ethnicity
03				
04				
05				
06				
07				
08				

How did you hear about the Y? <input type="radio"/> Newspaper <input type="radio"/> TV <input type="radio"/> Radio <input type="radio"/> YMCA Brochure <input type="radio"/> Member <input type="radio"/> Facebook <input type="radio"/> Website <input type="radio"/> Other: _____
What are you most interested in at the Y?
<i>The YMCA is a charitable organization dependent upon volunteers and donations.</i> Would you like a staff member contact you regarding volunteer opportunities in the next few months? <input type="radio"/> Yes <input type="radio"/> No
In what area(s) are you interested in volunteering?

I give consent for myself and/or family to be photographed, videotaped and/or filmed while participating at the YMCA, and for the resulting photos, etc. to be used by the YMCA for educational and promotional purposes.

<input type="radio"/> Yes	<input type="radio"/> No
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In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

Signature _____ Date ____/____/____

Office Use Only	
YMCA Staff: _____	Join Date: ____/____/____
Type: <input type="checkbox"/> Member	<input type="radio"/> Annual <input type="radio"/> EFT/Credit/Debit Card <input type="radio"/> Classic <input type="radio"/> Premium
	<input type="radio"/> Family <input type="radio"/> Couple <input type="radio"/> Adult <input type="radio"/> Youth <input type="radio"/> College
	<input type="radio"/> Senior <input type="radio"/> Senior Couple <input type="radio"/> Senior PT <input type="radio"/> Senior Couple PT
<input type="checkbox"/> Non-member	<input type="radio"/> Drop-in Type: _____ <input type="radio"/> Program: _____ <input type="radio"/> Y Away: _____



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Mahaska County YMCA Application for Electronic Fund Transfer (EFT)

Authorization agreement

Member Name: _____
(Please Print)

Date of Birth: ____ / ____ / ____

I hereby authorize the YMCA to initiate electronic fund entries to my:

- checking/savings
- credit card/debit card

Indicated below, and I authorize the financial institution named below to debit my account.

Amount to be deducted _____

Deduction Date: 1st 15th As fees occur
(Program fees only)

Checking/Savings Account:

Financial institution _____

City, State _____

Routing/transit number _____

Account Number _____

Type of Account: Checking Savings

Credit/Debit Card:

Name on card _____

Type of credit card: Visa Mastercard

Credit card number ____ / ____ / ____

Expiration date (month/year): ____ / ____

Terms and Conditions

1. I understand that this is a continuous membership plan, minimum of 12 months, and will remain in effect for as long as I retain the YMCA's membership cards issued to me.

Member's initials _____

2. I understand that if I wish to terminate after a minimum of 12 months or change my membership in any way, I must give the YMCA a 30-day written notice. I understand that I must turn in all of my membership cards upon termination and that I will receive temporary cards for the balance of the time I have paid for or will be paying for.

Member's initials _____

3. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks' notice prior to any such change in my membership fees. Notification will be posted at the Front Desk of the YMCA.

Member's initials _____

4. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Member's initials _____

5. Membership cards remain the property of the YMCA and must be surrendered upon request.

Member's initials _____

Name of member _____

Office Use Only

Staff: _____ Date: ____ / ____ / ____

This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership after a minimum of 12 months.

Signature: _____

Date: ____ / ____ / ____