

Membership Assistance Application

Norm Waitt Sr. YMCA
601 Riverview Dr
Sioux City NE 68776
(402) 404-8439
Fax: (402)404-8444
www.nwsYMCA.org

Office Use Only

Date Approved: _____

Amount of Assistance: _____

Expiration Date: _____

Staff Initials: _____

Form must be filled out completely.

Section A: Membership Information

1. Please circle the type of assistance you are applying for: 25% or 50%.
2. Please circle the type of membership you are applying for.

Section A: Please circle type of assistance	25%	50%	
Membership Type:	Adult	Family	Family Plus (family over 8 people)

Section B: Personal Information

1. List your name & contact information first
2. List spouse and children under "Names of others living in household."
3. List names of any adults offering support in household

Name _____
(First) (MI) (Last)

Gender: Male/Female

Marital Status: S M D W

Birth Date: ____/____/____

Home Phone: () ____ - ____ Cell Phone: () ____ - ____

Address: _____
(Street)

(City) (State) (Zip Code)

Email: _____

Employer: _____

Work Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Relationship to Applicant: _____

Section B: cont.

Name of others living in household	Birth Date	Relationship	School/ Employer

Section C– Income

1. Proof of income is required in order for this form to be processed.
2. For every income listed in Section C you must provide documentation. Attach all that apply: Most recent tax return, 1 month current paycheck stub(s), letters stating any amount received as assistance, i.e. food stamps, child support, SSI and any other forms of income.

****Application will not be accepted if any of the above items are not included with the completed application.**

Do you share expenses with anyone else in your household? Yes No

If yes, monthly income must be provided for each adult.

Monthly Income (for adults in the household)	1 st Adult	2 nd Adult
Wages (before taxes)	\$	\$
Unemployment	\$	\$
Food Stamps	\$	\$
Child Support /Alimony	\$	\$
Social Security FIP/SSI	\$	\$
Other (please explain)	\$	\$

I verify that all information is true and correct. False information will be an automatic termination of assistance with the Norm Waitt Sr. YMCA. I also understand that I must reapply for assistance in May every year. If I fail to reapply, my membership assistance may be terminated.

Signature: _____

Date: _____

**** Please allow 10 business days for applications to be processed****