

JOPLIN FAMILY YMCA Open Doors Application

For internal use only:		
Date:	Amount:	
Membership Card #		

The Y believes that no person should be turned away because of inability to pay. Please complete this application and turn in with income verification paperwork for all adults living in the household.

Adult #1		Adult #2					
Name		Name					
DOB							
EmailAddressCity/State		Email Address					
					Zip		Zip
					Phone		Phone
Employer		Employer					
Employment monthly gross	\$						
Unemployment monthly gross	s \$	Unemployment monthly gross \$					
Disability monthly gross	\$	Disability monthly gross \$					
Social Security monthly gross	s \$	Social Security monthly gross \$					
Food Stamp monthly gross	\$	Food Stamp monthly gross \$					
Child Support monthly gross	\$	Child Support monthly gross \$					
AFDC/TANF monthly gross	\$	AFDC/TANF monthly gross \$					
Other monthly gross	\$	Other monthly gross \$					
TOTAL MONTHLY GROSS	\$						
Dependents under 23 living	in household:						
Name		DOB Age Sex Relationship					
1							
2							
3							
Total number of people livin	g in household: _						
What type of membership ar	re you applying fo	r? □ Adult □ Household					
portion of the membership dues. supporting documentation. If I fa for this program, my next monthly	I understand that I h iil to return this appli y draft will return to	er 100% financial assistance and that I will be responsible for paying a ave two weeks to return this application with the appropriate cation with the appropriate supporting documentation, or do not qualify the normal membership rate. The information I have provided on this mentation to verify household income if required.					
Printed Name							