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

Name _____

DOB _____

Email _____

Address _____

City/State _____

Zip _____

Phone _____

Employer _____

Employment monthly gross $_____

Unemployment monthly gross $_____

Disability monthly gross $_____

Social Security monthly gross $_____

Food Stamp monthly gross $_____

Child Support monthly gross $_____

AFDC/TANF monthly gross $_____

Other monthly gross $_____

TOTAL MONTHLY GROSS $_____

Adult #2

Name _____

DOB _____

Email _____

Address _____

City/State _____

Zip _____

Phone _____

Employer _____

Employment monthly gross $_____

Unemployment monthly gross $_____

Disability monthly gross $_____

Social Security monthly gross $_____

Food Stamp monthly gross $_____

Child Support monthly gross $_____

AFDC/TANF 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 living in household: _____

What type of membership are you applying for? ☐ Adult ☐ Household

I understand that the Joplin Family YMCA does not offer 100% financial assistance and that I will be responsible for paying a portion of the membership dues. I understand that I have two weeks to return this application with the appropriate supporting documentation. If I fail to return this application with the appropriate supporting documentation, or do not qualify for this program, my next monthly draft will return to the normal membership rate. The information I have provided on this form is correct, and I agree to provide additional documentation to verify household income if required.

_____ _____ ____/____/____

Printed Name Signature Date