



MEMBERSHIP FOR ALL

THE ESSENCE OF THE Y AND FAMILY WELLNESS

We are cause-driven nonprofit organizations, committed to serving our community through programs and resources that foster youth development, promote healthy living, and inspire a sense of social responsibility.

EVERYONE IS WELCOME

Everyone is welcome at our YMCA and Family Wellness, and it is through our financial assistance program that we strive to turn no one away because of the inability to pay. We count on the generosity of United Way, other businesses in our community, our donors, and our members to continue to provide financial assistance.

COMMITTED TO OUR COMMUNITY

We feel strongly that assistance is not a handout but rather a helping hand. In times of need, financial assistance is granted as part of a partnership - each participant will pay a part of the membership fee based on a sliding scale and the specific needs of that individual or family. Y and Family Wellness members can feel confident knowing they are part of an organization that cares greatly for the well-being of all people.

- The Financial Assistance program provides families in need with financial support to participate in our membership and programs.
- Financial Assistance reduces membership fees on a sliding scale; it does not eliminate them. All members contribute something.
- The Y/FW reserve the right to deny financial assistance to anyone whose actions are contrary to the core values and mission of the Y/FW.
- All past balances should be paid in order to renew a membership.
- All information is kept confidential.

HOW TO APPLY

1. Complete the application thoroughly & accurately. Return the completed application to either:

- Missouri Valley Family YMCA, attn: Kia Herbel
- Family Wellness, attn.: Taija Bohn

2. REQUIRED TO APPLY:

- Most recent federal income tax return (1040 and/or self-employment if applicable)
- Copies of your 1040 or proof of non-filing can be obtained by calling the IRS at 1-800-908-9946

If applicable, attach the following documents. Do not submit originals.

- Last 2 paycheck stubs or letter from employer indicating hours worked and pay.
- Documentation of Social Security or Disability.
- Government Assistance
- Copy of Child Support/Alimony
- Unemployment notification of eligible benefits.
- Include any special circumstances that the Y or FW should be made aware of.
- All Financial Assistance recipients must re-apply every 6 months, and complete the Financial Assistance Membership Survey.

3. Failure to provide required/requested documentation may delay or void your application.

4. Allow approximately 1-2 weeks for processing. You will receive a letter notifying you of the approval of your application.

5. Please contact Kia Herbel at (701) 751-9708 or Taija Bohn at (701) 751-9804 with any questions.

MISSOURI VALLEY FAMILY YMCA
STOP BY: 1608 N WASHINGTON STREET BISMARCK, ND 58501
CALL US: 701.255.1525
VISIT US: WWW.BISMARCKYMCA.ORG
LIKE US: WWW.FACEBOOK.COM/BISMARCKYMCA

FAMILY WELLNESS
STOP BY: 2700 46TH AVE SE MANDAN, ND 58554
CALL US: 701.751.9800
VISIT US: WWW.FAMILYWELLNESSBISMAN.ORG
LIKE US: WWW.FACEBOOK.COM/FAMILYWELLNESSBISMAN



THE YMCA AND FAMILY WELLNESS FINANCIAL ASSISTANCE

Application must be filled out completely. Please print clearly, and include all required paperwork. Any missing information will delay the application process.

TO BE COMPLETED BY MSD STAFF		
Received at	YMCA	FW
Date Received		
Front Desk Initials		
All Documents Attached	Yes	No

MEMBER INFORMATION

First Name	M.I.	Last Name	Birthdate	Gender (circle) M F
Address		City	State	Zip
Primary Phone	Secondary Phone		Employer	
Email			Please provide the best email address for you to receive updates and information.	

EMERGENCY CONTACT

Emergency Contact Name	Emergency Contact Phone
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OTHER ADULT – FOR HOUSEHOLD MEMBERSHIPS

First	MI	Last	Birthdate	Gender (circle) M F
Email			Employer	

DEPENDENTS – FOR HOUSEHOLD MEMBERSHIPS

Please list all dependents under 24 that are living with you, for whom you are requesting assistance.

First	MI	Last	Birthdate	Gender: M F	Relationship

Please check the membership type you are applying for:

- Youth Membership (ages 0-18)
- Young Adult (ages 19-25)
- Adult Membership (ages 26-64)
- Family/Household (1 or 2 adults and children under the age of 24 in their household. Individuals must be living at the same address and are dependent for care and financial assistance.)
- I am also requesting a scholarship for Child Watch. (Drop in care, while at facility. Ages 8 weeks-10 years old.)

Please check one:

- New Membership
 - Renewing Membership
- (Please also complete the Financial Assistance Membership survey.)

HOW DID YOU HEAR ABOUT US? AREAS OF INTEREST

<input type="radio"/> Radio <input type="radio"/> Television <input type="radio"/> Drove By/Live in Area <input type="radio"/> Direct Mail <input type="radio"/> Social Media <input type="radio"/> Email <input type="radio"/> Newspaper <input type="radio"/> Magazine <input type="radio"/> Website/On-line <input type="radio"/> Place of Employment <input type="radio"/> Member <input type="radio"/> Former Member <input type="radio"/> Friend/Family <input type="radio"/> Medical Referral <input type="radio"/> Special/Coupon	Physical Health & Wellbeing <input type="radio"/> Active Older Adult Classes <input type="radio"/> Basic Orientation <input type="radio"/> Bootcamp Group Training <input type="radio"/> Land Group Fitness Classes <input type="radio"/> Livestrong (Cancer Survivors) <input type="radio"/> Parkinson's Programming <input type="radio"/> Personal Training <input type="radio"/> Water Group Fitness Classes	Youth/Family Programs <input type="radio"/> Child Watch <input type="radio"/> Family Activities <input type="radio"/> Itty Bitty Sports (3-5 year olds) <input type="radio"/> Swim Lessons <input type="radio"/> Youth Fitness (5-12 year olds) <input type="radio"/> Youth Sports (K-8th grade)
	Socialization & Group Activities <input type="radio"/> Noon Basketball <input type="radio"/> Pickleball <input type="radio"/> Primetime at the Y (Ages 65+)	Volunteerism Would you be interested in learning more about our various volunteer opportunities? <input type="radio"/> Yes <input type="radio"/> No

Please share why you are applying for Financial Assistance:

Please itemize your annual household income. Documentation is required.

	Your Income	Other Adult Income	STAFF NOTES SECTION:
Salary, wages, and tips	\$ _____	_____	
Unemployment compensation	\$ _____	_____	
Social Security compensation	\$ _____	_____	
Child Support	\$ _____	_____	
Child Care Assistance	\$ _____	_____	
Food Stamps	\$ _____	_____	
401 (k) Retirement	\$ _____	_____	
School loan income	\$ _____	_____	
Housing allowance	\$ _____	_____	
Other	\$ _____	_____	
Total Annual Income	\$ _____	_____	

In the event that any of the information provided is found to be inaccurate, an approved membership could be revoked.

Submit your completed Financial Assistance Application with the following:

- Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
- Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
- Copies of any supporting documentation listed in the above annual salary line items

MEMBERSHIP AGREEMENT

- The YMCA & Family Wellness, at their discretion, may adjust the membership rates. I understand that I will receive at least four weeks notice prior to any change.
- Memberships are nonrefundable, including paid in full, automatic draft and all other payment methods.
- It is the responsibility of every individual, or their parent or guardian, to provide their own accident and health coverage while participating in YMCA & Family Wellness activities. Neither accident nor health coverage is provided for participants by the YMCA or Family Wellness.
- Membership cards remain the property of the YMCA & Family Wellness and must be surrendered upon demand.
- The YMCA & Family Wellness conduct regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA/Family Wellness reserve the right to cancel membership, end program participation, and remove visitation access.
- A Code of Conduct is posted throughout the buildings at the YMCA & Family Wellness. I agree to abide by this code of conduct and all YMCA & Family Wellness policies.
- The YMCA & Family Wellness reserve the right to terminate any person's membership for any reason at any time.

Memberships are nonrefundable, including paid in full, automatic draft and all other payment methods. TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION PROVIDED IS CORRECT AND MAY BE VERIFIED BY THE YMCA. I HAVE READ, UNDERSTAND AND AGREE TO THE CODE OF CONDUCT, THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY, AND THE MEMBERSHIP AGREEMENT.

MEMBER SIGNATURE (OR PARENT/GUARDIAN)	DATE
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