



We build
strong kids,
strong families,
strong communities.

A copy of your proof of income MUST be attached to your application. Failure to do so may delay processing of your application. The YMCA will not be responsible for photocopying or return of income documentation.

Must provide proof of income for all adults living in household.

SPONSORED MEMBERSHIP ELIGIBILITY APPLICATION

1st ADULT _____ 2nd ADULT _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ HOME PHONE (____) _____ WORK PHONE (____) _____

NUMBER OF DEPENDENTS LIVING WITH YOU: _____ AGES: _____

1 st ADULTS MONTHLY SALARY	2 ND ADULTS MONTHLY SALARY	CHILD SUP/ALIM	OTHER INCOME	TOTAL MONTHLY INCOME
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

VERIFICATION OF ALL INCOME MUST BE ATTACHED TO APPLICATION; **You must provide a copy of your most recent 1040 Tax Return.** In addition to your tax return you must also provide one of the following: Social Security check or document (current), pay stubs (at least two current pay periods) or other official documentation. Individuals under 24 years living at home must provide parent's income. Students receiving grants must include these documents with their applications. Students receiving support from their parents must provide parent's income. Any incomplete forms will be returned. Approved applications may be subject to an interview before granting a membership. Sponsorships are subject to a 3 months review and may be revoked if member does not meet eligibility guidelines.

PLEASE EXPLAIN ANY EXTENUATING CIRCUMSTANCES _____

TYPE OF MEMBERSHIP: (Circle One)	Adult (25-64)	2 Adult Household
	One Adult Family	Two Adult Family
	Young Adult (18-24)	Senior Youth (15-17)
	Senior Citizen (65+)	Senior Household

NEW MEMBERSHIP _____ RENEWING MEMBERSHIP _____

I attest that all statements made by me on this application are true.

Signature _____ Date _____

YMCA OFFICE USE ONLY

* * * * *

Your application for sponsored membership eligibility has been reviewed and approved. Membership at the Sonoma County Family YMCA is a privilege and it is your responsibility to keep your payments current. Sponsored members are required to notify the Membership Department of any changes in income. (After three months as a sponsored member, you may be asked to submit income records and will be subject to a review.) **After one year and on your anniversary date each year thereafter, you will be required to submit current income records.**

If you let your membership lapse, you are then responsible for paying for the time missed or you will be required to pay a joining fee. You may, at your option, put your membership on hold for \$5 per month or terminate your membership at any time.

I have read and agree to the terms of my membership as stated above.

Signature _____ Date _____

Your joining fee is: \$ _____

Your monthly fee is: \$ _____

Total Due Upon Joining: \$ _____

Payment Plan: Bankdraft Annual Monthly

For your _____ membership
(type of membership)

Sincerely,

SONOMA COUNTY FAMILY YMCA

Membership Processor Date _____

This letter is good for the next 45 days from the above date! Please **bring this letter** to the YMCA Service Counter and make payment to activate your membership.

Payments have a 5-day grace period.

Please take advantage of the following members' services:

- Facility Tour
- Fitness Center Orientation

Review Date: _____