



# 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 and accurately. Return the completed application to either:
  - Missouri Valley Family YMCA, attn: Dan Kurtz
  - 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*
3. 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 should be made aware of.
4. Failure to provide required/requested documentation may delay or void your application.
5. Allow approximately 2-3 weeks for processing. You will receive a letter notifying you of the approval of your application.
6. Please contact Dan Kurtz at (701) 751-9708 or Taija Bohn at (701) 751-9804 with any questions.
7. All Financial Assistance recipients must re-apply every 6 months, and complete the Y/FW Survey for the Memberships that Receive Financial Assistance.

**MISSOURI VALLEY FAMILY YMCA**  
STOP BY: 1608 N WASHINGTON STREET BISMARCK, ND 58501  
CALL US: 701.255.1525  
VISIT US: [WWW.BISMARCKYMCA.ORG](http://WWW.BISMARCKYMCA.ORG)  
LIKE US: [WWW.FACEBOOK.COM/BISMARCKYMCA](http://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](http://WWW.FAMILYWELLNESSBISMAN.ORG)  
LIKE US: [WWW.FACEBOOK.COM/FAMILYWELLNESSBISMAN](http://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

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
First	MI	Last	Birthdate	Gender: M F	Relationship
First	MI	Last	Birthdate	Gender: M F	Relationship
First	MI	Last	Birthdate	Gender: M F	Relationship
First	MI	Last	Birthdate	Gender: M F	Relationship

Please check the membership type you are applying for:

- ☐ Youth Membership (ages 0-9)

☐ Student Membership (ages 10-18)

☐ Adult Membership

☐ Single Parent Household (1 adult and legal dependents under the age of 24, living in the same household)

☐ Household (2 adults and legal dependents under the age of 24, living in the same household)

☐ I am also requesting a scholarship for Child Watch. (Drop in care, while at facility. Ages 8 weeks-8 years old.)

**Please check one:**

☐ New Membership

☐ Renewing Membership  
(If renewing an application, 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	<b>Physical Health &amp; Wellbeing</b> <input type="radio"/> Active Older Adult Classes <input type="radio"/> Basic Orientation <input type="radio"/> Bootcamp Group Training <input type="radio"/> Commit to be Fit <input type="radio"/> Land Group Fitness Classes <input type="radio"/> Livestrong (Cancer Survivorship) <input type="radio"/> Parkinson's Programming <input type="radio"/> Personal Training <input type="radio"/> Water Group Fitness Classes	<b>Youth/Family Programs</b> <input type="radio"/> Ballet (3-11 year olds) <input type="radio"/> Child Watch <input type="radio"/> Family Activities <input type="radio"/> Itty Bitty Sports (3-5 year olds) <input type="radio"/> Stay Strong (Youth Cancer Survivorship) <input type="radio"/> Parent/Child Programs <input type="radio"/> Swim Lessons <input type="radio"/> Youth Fitness (6-12 year olds) <input type="radio"/> Youth Sports Leagues
	<b>Socialization &amp; Group Activities</b> <input type="radio"/> Noon Basketball <input type="radio"/> Pickleball <input type="radio"/> Primetime at the Y (Ages 65+)	<b>Volunteerism</b> 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	\$ _____	_____	
<b>Total Annual Income</b>	<b>\$ _____</b>	<b>_____</b>	

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 and 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 and 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 and Family Wellness and must be surrendered upon demand.
- The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- A Code of Conduct is posted throughout the buildings at the YMCA and Family Wellness. I agree to abide by this code of conduct and all YMCA and Family Wellness policies.
- The YMCA and 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