OPEN DOORS APPLICATION



KISHWAUKEE FAMILY YMCA

| APPLICATION TYPE New A | Application Renewal Application | |
|---|---------------------------------|--|
| YOUR CONTACT INFORMATION | | |
| First Name | Last Name | |
| Phone | Email | |
| Date of Birth | Gender | |
| Address | | |
| City/State | Zipcode | |
| Phone | Email | |
| MEMBERSHIP TYPE Adult Youth Senior (65+) Student (18–25) Family 1 Adult & 1 Youth Senior Family Household | | |
| ADDITIONAL MEMBERS OF YOUR HOUSEHOLD Name Relationship | | |
| Gender A | ge | |
| Name | Relationship | |
| | ge Relationship | |
| Gender A | ge | |
| Name | Relationship | |
| Gender A | ge | |
| Name | Relationship | |
| Gender A | | |
| TOTAL NUMBER IN HOUSEHOLD | | |



YOUR INCOME INFORMATION

approval date).

| Employer | | Gross Monthly Income (before taxes) |
|---------------------------|------------------------------|--|
| | Position | Part-Time Full-Time |
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| lf you did financial s | not file taxe ituation ha | PIES OF YOUR MOST RECENT FEDERAL TAX RETURNS* es, please provide us with a Verification of Non-Filing (VNF). If your current es changed since filing, contact Membership Experience Director Joel Ankrom ankrom@kishymca.org |
| | NT OF NEE | |
| | | n Open Doors Membership will positively affect you and/or your household. uired for the processing of this application. |
| | | |
| changes to | o my incom | mation herein is accurate. I understand that I will inform the YMCA of any e. I understand that my membership can be terminated if false information is and that my Open Doors Membership will need to be renewed every year or ne YMCA. |
| SIGNATUR | RE | DATE |
| | | Open Doors rarely covers 100% of the total membership fee. The YMCA uals reapply when their Open Doors membership expires (1 full year from |

Questions? Contact Membership Experience Director Joel Ankrom: 815-375-5400 or jankrom@kishymca.org