KISHWAUKEE FAMILY YI		
APPLICATION TYPE	New Applic	ation Renewal Application
YOUR CONTACT INFORM	MATION	
First Name		Last Name
Phone		
Date of Birth		Gender
Address		
City/State		Zipcode
MEMBERSHIP TYPE Adult You Family 1 A	uth Sen	ior (65+) Senior Family Household
Adult You	dult & 1 Youth	Senior Family Household
Adult You Family 1A ADDITIONAL MEMBERS Name	dult & 1 Youth OF YOUR HOUS	Senior Family Household SEHOLD Relationship
Adult You Family 1 A ADDITIONAL MEMBERS Name Gender	dult & 1 Youth OF YOUR HOUS Age	Senior Family Household SEHOLD Relationship
Adult You Family 1 A ADDITIONAL MEMBERS Name Gender Name	dult & 1 Youth OF YOUR HOUS Age	Senior Family Household EHOLD Relationship Relationship
Adult You Family 1 A ADDITIONAL MEMBERS Name Gender	dult & 1 Youth OF YOUR HOUS Age	Senior Family Household EHOLD Relationship Relationship
Adult You Adult You Family 1A ADDITIONAL MEMBERS Name Gender Gender Gender	dult & 1 Youth OF YOUR HOUS Age	Senior Family Household EHOLD Relationship Relationship Relationship
Adult You Adult You Adult You Family 1A ADDITIONAL MEMBERS Name Gender Gender Name Gender	dult & 1 Youth OF YOUR HOUS Age Age	Senior Family Household EHOLD Relationship Relationship Relationship
Adult You Adult You Adult You Family 1A ADDITIONAL MEMBERS Name Gender Gender Name Gender Gender	dult & 1 Youth OF YOUR HOUS Age Age	Senior Family Household EHOLD Relationship Relationship Relationship Relationship Relationship
Adult You Adult You Adult You Family 1A ADDITIONAL MEMBERS Name Gender Gender Name Gender Name Gender	dult & 1 Youth OF YOUR HOUS Age Age Age	Senior Family Household EHOLD Relationship Relationship Relationship Relationship

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

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YOUR INCOME INFORMATION

Employer		Gross Monthly Income
	Position	(before taxes) Part-Time Full-Time
Employer		Gross Monthly Income (before taxes)
	Position	Part-Time Full-Time
Employer		Gross Monthly Income (before taxes)
	Position	Part-Time Full-Time

PLEASE ATTACH COPIES OF YOUR MOST RECENT FEDERAL TAX RETURNS

If you did not file taxes, please provide us with a Verification of Non-Filing (VNF). If your current financial situation has changed since filing, contact Membership Experience Director Joel Ankrom at 815-375-5400 or jankrom@kishymca.org

STATEMENT OF NEED

Please explain how an Open Doors Membership will positively affect you and/or your household. Your response is required for the processing of this application.

I verify that the information herein is accurate. I understand that I will inform the YMCA of any changes to my income. I understand that my membership can be terminated if false information is presented. I understand that my Open Doors Membership will need to be renewed every year or when requested by the YMCA.

SIGNATURE

DATE

Please be aware that Open Doors rarely covers 100% of the total membership fee. The YMCA requires that individuals reapply when their Open Doors membership expires (1 full year from approval date).

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