OPEN DOORS APPLICATION



KISHWAUKEE FAMILY YMCA

APPLICATION TYPE	New Applic	Renewal Application
YOUR CONTACT INFO	RMATION	
First Name		Last Name
Phone		
Data of Birth		
Address		
City/State		Zipcode
MEMBERSHIP TYPE		
Adult Y	outh Sen	ior (65+)
Family 1	I Adult & 1 Youth	Senior Family Household
ADDITIONAL MEMBER	RS OF YOUR HOUS	EFHOLD
	Age	
Gender	Age	
Name		Relationship
Gender	Age	
Name		Relationship
Gender	Age	
Name		Relationship
Gender	Age	
TOTAL NUMBER IN H	OLISEHOLD	



YOUR INCOME INFORMATION

approval date).

Employer		Gross Monthly Income (before taxes)
Position	Position	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
financial s	· •	ase provide us with a Verification of Non-Filing (VNF). If your current ged since filing, contact Membership Experience Director Joel Ankromn@kishymca.org
	NT OF NEED	
	•	n Doors Membership will positively affect you and/or your household. For the processing of this application.
changes t	o my income. I und	herein is accurate. I understand that I will inform the YMCA of any derstand that my membership can be terminated if false information is at my Open Doors Membership will need to be renewed every year or A.
SIGNATUI	RE	DATE
	•	Doors rarely covers 100% of the total membership fee. The YMCA apply when their Open Doors membership expires (1 full year from

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