



BOOTHBAY REGION YMCA

MEMBERSHIP FOR ALL

MONTHLY MEMBERSHIP RATES

Membership Category	Family (2 Adults & Dependent Children)	Senior Couple	Adult (26-64)	Senior (65+)	Young Adult (18-25)	Youth (0-17)
Monthly Rate \$44,001 + \$65 Activation Fee	\$76	\$66	\$56	\$49	\$35	\$25

INCOME BASED MONTHLY RATES

\$34,001-\$44,000	\$69	\$60	\$51	\$44	\$32	\$23
\$24,001-\$34,000	\$65	\$56	\$48	\$42	\$30	\$22
\$14,001-\$24,000	\$58	\$50	\$43	\$37	\$27	\$19
\$14,001 & Under	\$50	\$44	\$37	\$33	\$23	\$17

FINANCIAL ASSISTANCE

45% of Monthly Rates	\$42	\$36	\$31	\$27	\$19	\$14
55% of Monthly Rates	\$34	\$30	\$25	\$22	\$16	\$11
65% of Monthly Rates	\$27	\$23	\$21	\$17	\$13	\$9
75% of Monthly Rates	\$20	\$17	\$15	\$13	\$9	\$7
85% of Monthly Rates	\$12	\$11	\$9	\$8	\$6	\$4

Membership For All—Funded through the Y's Annual Fund at the Boothbay Region YMCA.

Committed To Our Community—Determining membership dues are conducted by the Membership Department in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. All information provided is confidential.

Membership Dues—Bank Draft/Credit Card Memberships draft on the 1st of each month. Cancellation of this membership agreement requires 30 days written notice before your next draft date.

1. Household Information

CONFIDENTIAL

Name: _____ Birthday: ____/____/____

Cell: _____ Email: _____

Address: _____ City: _____ State: ME Zip: _____

Other Household Members (A household includes your spouse/partner, and all dependents you claim on your federal income tax return)

2. Full Name

Date of Birth

1.		
2.		
3.		
4.		

3. Additional Information (circle all that apply)

Membership Apply For Youth • Young Adult • Adult • Senior • Senior Couple • Family

Program/Camp Assistance: Program • Summer Camps

4. Proof of Income

Income Based

- Most recent Federal Tax Form(s) and Adjusted Gross Income for all incomes in the household
- Or provide most recent income—2 paystubs per individual or government assistance
- Additional forms of income (if applicable) Social Security, Pension, Unemployment, Child Support, Housing, Child support
- If you did not file taxes, letter from IRS stating you did not file

Annual Income \$ _____

5. Budget Summary

Financial Assistance

	Adult 1	Adult 2	Children/Other
Total Gross Wages			
Social Security			
Unemployment			
Alimony			
Retirement			
Pension			
Food Stamps			
Child Care Subsidy			
Other Assistance			
Total Monthly Income	\$	\$	\$

I verify that all the information submitted is correct, complete and accurate.

Signature: _____ Date: _____

Staff/Office Use Only

Verified Income amount: _____

Year: _____

Staff Initials: _____

Manager Initials _____

Monthly Membership \$: _____

Program Discount %: _____

Camp Discount %: _____