



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MEMBERSHIP FOR ALL

The Stoughton Y believes in providing membership to everyone interested in making the Y a part of their life but feel they cannot afford the regular rates. The Membership for All pricing structure allows you to become a member at the price level that fits your income. Join today, just use the chart below to find the rate that corresponds with your income. Once you have joined, you have 30 days to verify your Membership for All rate by presenting the Y with last year's tax return or two recent pay stubs.

Type of Membership	Current Household Yearly Income	Monthly Membership Rate	Joiner Fee
Individual Adults 25+	\$45,000 or more (full price)	\$48.00	\$50.00
	\$40,000-\$44,999 (10 % discount)	\$43.20	\$25.00
	\$35,000-\$39,999 (15 % discount)	\$40.80	\$25.00
	\$30,000-\$34,999 (20 % discount)	\$38.40	\$25.00
	\$25,000-\$29,999 (25 % discount)	\$36.00	\$25.00
	\$24,900 or under (30 % discount)	\$33.60	\$25.00
Family 2 Adults & Children	\$69,000 or more (full price)	\$83.00	\$50.00
	\$62,000-\$68,999 (10 % discount)	\$74.70	\$25.00
	\$55,000-\$61,999 (15 % discount)	\$70.55	\$25.00
	\$48,000-\$54,999 (20 % discount)	\$66.40	\$25.00
	\$41,000-\$47,999 (25 % discount)	\$62.25	\$25.00
	\$40,999-or under (30 % discount)	\$58.10	\$25.00
1 Parent Family 1 Adult & Children	\$69,000 or more (full price)	\$65.00	\$50.00
	\$62,000-\$68,999 (10 % discount)	\$58.50	\$25.00
	\$55,000-61,999 (15 % discount)	\$55.25	\$25.00
	\$48,000-\$54,999 (20 % discount)	\$52.00	\$25.00
	\$41,000-\$47,999 (25 % discount)	\$48.75	\$25.00
	\$40,999or under (30 % discount)	\$45.50	\$25.00

The Membership for All scholarship programs is supported in part through contributions to the YMCA Strong Kids Campaign.

OLD COLONY Y
Financial Assistance Application Form

Date of Application: _____ Requesting assistance for: Membership Programs

To qualify for Financial Assistance you must submit the following documents:

1. A copy of your income tax form from last year.
2. A copy of 2 most recent check stubs or other proof of your current household income.
3. A completed copy of this Financial Assistance Form.
4. If you are unemployed, a statement from the welfare or unemployment office stating your benefits, or a letter from either agency stating you were not eligible for benefits and why.

Full Name: _____

Date of Birth: _____ Number of Dependents: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Your Annual Salary: \$ _____ Spouses Annual Salary: \$ _____

Annual Child Support: \$ _____

Other Income Source: _____ Amount: \$ _____

Total household annual income from all sources: _____

List any special circumstances that contribute toward your request for support through our Financial Assistance Program: _____

Signed: _____ Date: _____

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Office Use Only

Type of Membership: Family One Parent Family Adult Other _____
3 Month Membership Monthly Draft

Membership Cost: _____ Scholarship Awarded: _____ Total Due: _____

Notes: _____

Signed by: _____ Date: _____

Accepted or declined: _____ Date: _____

Notes: _____