



WELCOME TO A BETTER YOU

When you're part of Family YMCA of Marion and Polk Counties, you're a member of a community that's committed every day to helping you and your family through programs focused on:

Youth Development

All kids deserve the opportunity to discover who they are and what they can achieve, under the guidance of caring adults who believe in their potential. We see every interaction with young people as an opportunity for learning and development—all grounded in the Y's core values of caring, honesty, respect and responsibility.

Healthy Living

We help people and families build and maintain healthy habits for spirit, mind and body in their everyday lives. By helping kids, adults, families and seniors from all walks of life improve their health and well-being, we build a stronger community.

Social Responsibility

With our doors open to all, we bring together people from all backgrounds, and support those who need us most. We take on the most urgent needs in our community and inspire a spirit of service in return. Our members, volunteers, supporters and staff demonstrate the power of what we can achieve.

For a better you. For a better community. For a better country.

For a better us.™

To learn more, contact: **SALEM FAMILY YMCA**503 581 9622 www.theYonline.org

Family and Youth Programs

We offer many opportunities for kids of all ages from youth sports, to swimming lessons, to after school care, and summer camp. Teaching our youth our core values is what sets us apart from any other program available to your family.

Fitness and Personal Wellness

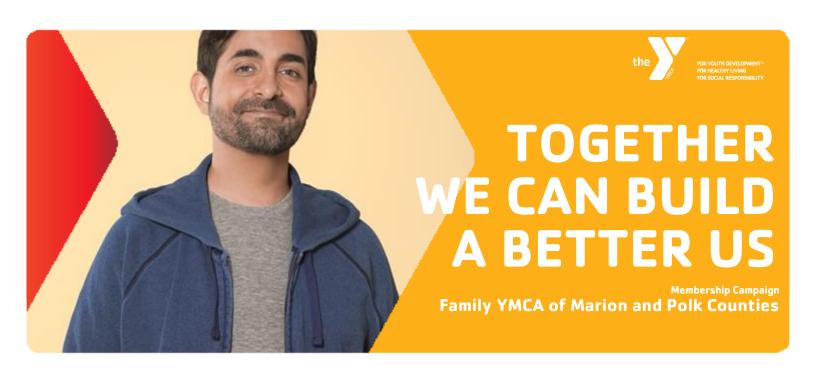
Tired of the same treadmill or workout routine? Spice it up and try a Group Fitness class! Every class is lead by a nationally certified instructor and is a fun way to cross-train. All classes are for all fitness levels – adjustments are available for beginners and advanced participants alike. No need to sign up in advance; all classes are free for Y members.

Volunteer Opportunities

With a focus on youth development, healthy living and social responsibility, Y volunteers give men, women and children of all ages and from all walks of life the resources and support they need to be healthy, confident, connected and secure.

We have many volunteer opportunities – although coaches are often our greatest volunteer need.

LEARN MORE TODAY



Becoming a member at the Salem Family YMCA also entitles you to access the other three branches in Marion and Polk Counties.

At the Family YMCA of Marion and Polk Counties we believe that our programing should be accessible to everyone, regardless of ability to pay. Our belief in our mission is so strong that our membership fees are based on a household's income. Just bring in your Federal Tax Return when joining the Y!

	A	В	С	
HOUSEHOLD INCOME	\$0-\$19,999	\$20,000- \$39,000	\$40,000- \$59,000	\$60,000+
Adult Membership	\$15	\$27	\$39	\$50
Family Membership	\$23	\$39	\$55	\$71
Teen Membership	\$15	\$25	\$25	\$25
College Membership	\$15	\$25	\$35	\$35
Senior Membership	\$15	\$27	\$39	\$44
Senior Couple Membership	\$23	\$39	\$55	\$64

In addition to your monthly membership costs being determined by your household income, our youth sports program costs are also determined by what you can afford to pay.

	A	A B C						
HOUSEHOLD INCOME	\$0-\$19,999	\$20,000-\$39,000	\$40,000-\$59,000	\$60,000+				
Adult & Youth Programs***	50% FA	50% FA 35% FA 20% FA No FA						
Summer Camp	See YMCA Camp Department to apply for Financial Assistance							
Child Care	See YMCA Child Care Department to apply for Financial Assistance							

^{***}Financial Assistance is off member or non-member prices, depending on membership status of participant.

PAYMENT OPTIONS

- 1. EFT (Electronic Funds Transfer) from either a checking, savings account or credit card on the 1st or15th of the month. You must provide a voided check or a statement from your bank with your account number and routing number. (Add \$2 monthly fee for credit/debit card option).
- 2. Annually (12 months all at once plus a prorated amount for the current month)
- 3. Seniors **ONLY** have the option to pay 6 months at a time.



Income Based Membership

What is Income Based Membership?

Income Based Membership is a reduced rate for your monthly YMCA membership. We have three categories for scholarship which are determined by your household income.

How does the YMCA offer Income Based Membership scholarships?

Part of our mission is to "never turn anyone away due to the inability to pay". Therefore, the YMCA offers these scholarships in part from the generous donors and supporters of the Family YMCA of Marion & Polk Counties. Ask us more about donating to the "We Believe Campaign" to contribute to this worthy cause!

How do I apply for an Income Based Membership scholarship?

Simply bring in this year's Federal Tax Return to the YMCA and our Front Desk staff can determine your scholarship amount on the spot!

What if I haven't filed taxes?

If you are exempt from filing taxes, you may still be eligible for a scholarship from the YMCA. Simply schedule an appointment with the Membership Director or CEO and they can sit down with you to work with you on a personalized scholarship based on your situation. At that meeting you will need to bring alternative documentation to show proof of household income and residents/dependents.

Regular Joiner's Fees: \$99 for Adult/Family/Seniors; \$50 Teen/College

Income Based Membership Groups A, B, C—Joiner's Fees: \$45 for Adult/Family/Seniors; \$24 Teen/College May be scheduled with autodraft over 3 months (max.)

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Teen Membership	\$15	\$25	\$25	\$25
College Membership	\$15	\$25	\$35	\$35
Senior Membership	\$15	\$27	\$39	\$44
Senior Couple Membership	\$23	\$39	\$55	\$64



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

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Income Based Membership (IBM) – Financial Assistance Agreement

I, am accepting a membership
scholarship from the Family YMCA of Marion & Polk Counties. I have read and understand the following acceptance terms:
 This scholarship is awarded in part from the generous donors and supporters of the Family YMCA of Marion & Polk Counties.
• If my financial situation improves and I am able to pay more, I will notify the YMCA so that my account can be reevaluated. This will allow the YMCA to help others that are also in need.
 Based on my current situation (verified with Federal Tax Return or other approved Income/Household documents) the YMCA is able to approve me for:
Membership Type:
Joiner's Fee:
Monthly Rate:
Youth Sport Rate:
 In the event of future YMCA membership rate increases, the YMCA will attempt to notify all members. If the rate increase is a hardship for me, I am able to make an appointment with the CEO or the Membership Director to discuss my options. At this time, YMCA staff will only approve members on my membership that are included on my federal tax return(s) or other approved verification documentation. To add members in the future to my membership I must provide documentation verifying income and proof of residence in the household.
Primary Member Signature: Date:
or office use only:
Date: Staff Initials Tax Return – Income verified Family Members Verified
Discount Group Added (circle one): IBM – A IBM – B IBM – C OR
Adjustment Added: FA – Membership Special Discount – Admin approved
Notes





FAMILY YMCA OF MARION AND POLK COUNTIES Membership Application

*Family is defined as one household of one or two adults (husband and wife or domestic				Adult College Senior Couple Couple					Part – time YMCA Staff Full—time YMCA Staff Add Towel Service Fee – Single (Salem only) Add Towel Service Fee—Couple (Salem only) Resident (Silver Falls/Santiam only) Non–Resident (Silver Falls/Santiam only) Association Membership			
WE BELIEVE CAMPAI Annual Campaign Donations provide				allenged y	outh ar	ıd familie:	s. ∏\$2	5 ∏\$15	П\$10 П	\$5 F] Other \$	
I want to support the annual campa Donor's Signature		ng the follo					raft.		ate			
PRIMARY MEMBER							_ Salem YMCA	□ M/I Y	MCA 🗀 Sil	ver Fall	s YMCA Stayton YMCA	
First Name					МІ	Last	Name					
Mailing Address						•	City		State		Zip	
Home Phone			Email	l					•		•	
Cell Phone Date of					of Bir	irth Gender Male Female						
Employer						Work Phone						
2nd ADULT MEMBE	R or Pai	rent/Gua	ardian	for app	licant	ts unde	er 18 years					
First Name					МІ	Last	Name					
Mailing Address				I		City		State		Zip		
Home Phone			Email						<u> </u>			
Cell Phone Date of					of Bir	irth Gender 🗆 Male 🗆 Female						
Employer						Work Phone						
DEPENDENTS												
First Name	МІ	Last <i>(if d</i>	different)			Birth Date		Gender	Schoo	ol	
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EMERGENCY CONTA (Other than in your household Required for all membership	d)	ame							Phone			

FAMILY YMCA OF MARION & POLK COUNTIES MEMBERSHIP WAIVER

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Family YMCA of Marion & Polk Counties for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Family YMCA of Marion & Polk Counties the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Family YMCA of Marion & Polk Counties for observation or use of any facilities or equipment or participation in such affiliated program constitutes and acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. That neither I nor any person listed on this membership has ever been convicted of a sexual offence or registered as a sex offender in any jurisdiction. I give my permission to the Family YMCA of Marion & Polk Counties to use limitation and obligation, photographs, film footage, or tape recordings which may include my image and the image of anyone on my membership for purposes of promoting or interpreting YMCA programs.

programs.		rnich may include my image and the image	or anyone on my membersnip for purpo	ses or promoting or interpreti	ing YMCA
Please ini	tial below:				
	officers, employees, and agents (her kin for any loss or damage, and any	ARGE AND CONVENANT NOT TO SUE the einafter referred to as "releases") from all claim or demands therefore on account of therwise while I am in, upon, or about th	liability to the undersigned, his persona injury to the person or property or res	al representatives, assigns, he ulting in death of myself, who	irs, and next of ether caused by
	the presence of myself in, upon or a	ND SAVE AND HOLD HARMLESS the releas sbout the Family YMCA of Marion & Polk C ties or participating in any program affilial	ounties premises or in any way observi	ng or using any facilities or ec	quipment of the
	about or upon the premises of the F	ILITY FOR AND RISK OF BODILY INJURY, amily YMCA of Marion & Polk Counties an mily YMCA of Marion & Polk Counties.			
	a) it appears that y b) it appears that y	OLK COUNTIES HAS THE RIGHT TO TERMIN ou are taking actions or doing things that our are involved in criminal acts, or ways that disrupts the YMCA's operations	are contrary to the YMCA Mission, or	E IF:	
	. , ,	foregoing RELEASE, WAIVER AND INDE d that if any portion thereof is held inva			
	Family YMCA of Marion & Polk Co or mail. Failure to do so will re Family YMCA of Marion and Polk nature will be remedied through	y time there is to be a change, deletio ounties within a minimum of 30 days p sult in that month's EFT being non-re Counties does not, under any circums n in-house credits. Membership fees Family YMCA of Marion and Polk Cour	rior to your scheduled draft date. fundable. A voided check is requ tance, reimburse for bank fees or c are non-refundable. If at the time	No cancellations accepted ired with all bank EFT info charges. Billing or payment of membership cancellati	by phone, fax rmation. The errors of any ion there is a
Sig	nature of Participant	Signature of Participant	Date Signature o	f Parent or Guardian	Date
	ELECTR	ONIC FUNDS TRANSFI	ER (EFT) AUTHORIZA	TION	
is underst this memb \$25 NSF returned	cood that your sending of a preauth pership. When my financial institution fee for all returned checks, EFT, de	re-authorized drafts drawn by the Famil orized draft to the financial institution on honors the draft by charging my acco ebit card, credit card or ACH payments. at two (2) payments drawn on insufficier n.	as a payment becomes due shall cons unt, such drafts constitute my receip I will pay the NSF amount plus the	titute valid notice of such part of for payment. I understand NSF fee immediately upon m	ayment due on that there is a ny check being
MON	ITHLY DRAFT DATE:	ACCOUNT TYPE:			
	☐ 1ST	☐ CHECKING	BAI	NK NAME	
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FOR O	FFICE USE ONLY	DATE OF APPLICATION:	STAFF IN	ITIALS:	
	☐ Wellness Orientation ☐	Membership Cards 🗌 New Me	ember Packet 🗌 Tour 🔲 Pho	oto ID Check	05/15