



For over 154 years, the YMCA of Greater Boston has lived its mission to build health of spirit, mind and body for all and to improve the quality of life for children, individuals, families and communities throughout Greater Boston.

The Y is more than just a building; we're building health and wellness through innovative partnerships with hospitals, neighborhood health centers, universities and others. And we want these programs and services to benefit everyone in the communities we serve.

Today, the YMCA of Greater Boston is now more affordable than ever thanks to our new **Membership For All** program. Each year, the YMCA gives tens of thousands of children, adults and seniors the knowledge, techniques and confidence they need to live long lives. However, we understand that for some, membership may be just out of financial reach.

Membership For All is the YMCA's new scholarship program that enables individuals and families in need to become an active member of their YMCA. Join us as we live our mission everyday:

At the YMCA everyone is welcome.

Central Branch

2008

Individuals and families eligible for Membership For All pay a **reduced joining fee of \$50.00**.
 If using a bank account to pay for monthly membership fee, the initial payment will be: 1/2 monthly fee + \$50 joining fee.

Household Income	Individual Membership Rate
\$37,000 + (Full Rate)	\$57.50
\$36,999 or below	\$40.00

Household Income	Senior Membership Rate
\$30,000 + (Full Rate)	\$45.85
\$29,999 or below	\$29.00

Household Income	Family Membership Rate (2 adults + children)
\$56,600 + (Full Rate)	\$97.00
\$56,599 or below	\$66.00

Household Income	Family Membership Rate (1 adult + children)
\$56,600 + (Full Rate)	\$77.50
\$56,599 or below	\$54.00

Confidential scholarships, made possible through our annual Reach Out fund, are available to help individuals and families who are most in need in our community. *Please ask a Member Services representative for more information.*

Membership Type: _____ Member ID. Number: _____

Name _____ Birth date _____ Gender: () F () M

Address _____ Apt # _____ City _____ State _____ Zip _____

Home phone _____ Emergency Contact & Phone _____ Email _____

Employer Name/Address _____ Number of Dependents: _____ Child Support: \$ _____

Your Annual Salary: \$ _____ Spouse's Annual Salary: \$ _____ Other Income/source: _____ Amount: \$ _____

Indicate any other special circumstances that you wish to have taken into consideration: _____

To qualify for Membership For All you must submit the following documents within 30 days of the start of your membership: Your income tax return from prior year, and a one month's proof of income (pay stub or other). **If documentation is not received within 30 days, rate will default to current rate.**

I hereby attest that all of the information provided is true and accurate.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Regular Fee: \$ _____ MFA Fee: \$ _____

Begin Date: _____ Review Date: _____

Authorized By: _____ Date: _____