



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Everyone Welcome at the Y!

Name of Applicant _____ Date of Birth _____

Person to be billed if other than applicant _____

Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Annual household income before taxes _____ Total number in household _____

The information I have provided to the Gaston County Family YMCA is true and correct. **I understand that I am required to provide my most recent tax forms (front page only) within 15 days of the date of this application.**

Applicants Signature _____

All information will be kept confidential

Office use only:

Financial Assistance is approved or denied _____ Percentage given _____

Staff Signature _____

Date _____ Joining Fee _____ Monthly Dues _____

OUR MISSION

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.