



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**ATTLEBORO YMCA**

# MEMBERSHIP REGISTRATION FAMILY

(Two adults plus all children in the household)

Check one:  New membership  Change to existing membership  Renewal

Adult Names	_____	Date of Birth	_____	Gender	M	F
	_____	Date of Birth	_____	Gender	M	F
Children	_____	Date of Birth	_____	Gender	M	F
	_____	Date of Birth	_____	Gender	M	F
	_____	Date of Birth	_____	Gender	M	F
	_____	Date of Birth	_____	Gender	M	F
	_____	Date of Birth	_____	Gender	M	F

Check here if you choose to pay the Family Membership rate of \$83.50 per month. New members must pay a one-time joiner's fee of \$70.

**MEMBERSHIP FOR ALL.** To determine your monthly membership rate, please review the chart below and circle the rate that corresponds with your annual household income and the total number of people in your household.

Household Annual Total Income	Number of people in your household					
	3-4	5	6	7	8	
\$115,000 Plus	\$ 83.50	\$ 83.50	\$ 83.50	\$ 83.50	\$ 83.50	
\$106,000-\$114,999	\$ 83.50	\$ 83.50	\$ 83.50	\$ 83.50	\$ 66.75	
\$100,000-\$105,999	\$ 83.50	\$ 83.50	\$ 83.50	\$ 66.75	\$ 66.75	
\$90,000-\$99,999	\$ 83.50	\$ 83.50	\$ 83.50	\$ 66.75	\$ 41.75	
\$83,000-\$89,999	\$ 83.50	\$ 83.50	\$ 66.75	\$ 41.75	\$ 41.75	
\$75,000-\$82,999	\$ 83.50	\$ 66.75	\$ 41.75	\$ 41.75	\$ 29.25	
\$65,000-\$74,999	\$ 66.75	\$ 41.75	\$ 41.75	\$ 41.75	\$ 29.25	
\$59,000-\$64,999	\$ 66.75	\$ 41.75	\$ 29.25	\$ 29.25	\$ 29.25	
\$48,000-\$58,999	\$ 41.75	\$ 29.25	\$ 29.25	\$ 29.25	\$ 29.25	
0-\$47,999	\$ 29.25	\$ 29.25	\$ 29.25	\$ 29.25	\$ 29.25	

New members who qualify for a rate of \$29.25 to \$66.75 must pay a one-time joining fee of \$30.

**Please read:** I understand that if I qualify for a membership rate of \$29.25 to \$66.75 , I need to provide the Y with a copy of my tax records to verify my household income within 30 days. Otherwise, my monthly membership rate will automatically revert to \$83.50.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR YMCA STAFF USE ONLY

Date of membership application: \_\_\_\_\_

Date received tax documentation: \_\_\_\_\_

Staff initials: \_\_\_\_\_

Staff initials: \_\_\_\_\_

Branch \_\_\_\_\_

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