FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

The Kettle Moraine YMCA is committed to our mission that, "No one is turned away for the inability to pay." Everyone receives the same membership benefits, and/or quality programming regardless of whether or not they are receiving financial assistance. The Y maintains confidentiality of all financial information received in the application process.

- Program and Membership for All reduces membership and/or program fees; it does not eliminate them.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- The Y reserves the right to ask for additional documentation at anytime.
- Please contact your branch if you have any questions.

Program and/or Membership For All Application

Apply in 5 easy steps!

1. APPLICANT INFORMATION

Name:

Address:

City:

State: Zip Code:

Phone:

Email:

If applicant is under 18: Parent or Legal Guardian Name:

Emergency Contact: Phone Number:

2. ALL PERSONS LIVING IN HOUSEHOLD

Place a √ for each person applying for assistance.

	Name	DOB
Parent/Adult ☐		
Parent/Adult ☐		
Child ☐		
Child ☐		
Child ☐		
Child ☐		
Other ☐		

Program and Membership for All Scale

Annual Income		Monthly Income Maximum	% Discount Off of Membership Rate				
From	To		1	2	3	4	5*
$0	$27,000	$2,250	90%	90%	90%	90%	90%
$27,001	$40,000	$3,333	70%	75%	85%	90%	90%
$40,001	$60,000	$5,000	50%	55%	65%	65%	70%
$60,001	$80,000	$6,666	30%	35%	45%	55%	65%
$80,001	$99,000	$8,250	20%	25%	30%	35%	45%

*add 5% for each additional person after 5 with max discount at 90%.

KETTLE MORAINE YMCA | www.kmymca.org

West Washington Branch
1111 W. Washington St., West Bend, WI 53095
262-334-3405

Feith Family Ozaukee Branch
465 Northwoods Rd., Port Washington, WI 53074
262-268-9622

River Shores Branch
705 Village Green Way, West Bend, WI 53090
262-247-1050

Please see reverse side of form.

Updated 11/13/25

3. I AM APPLYING FOR

- ☐ Membership
- ☐ Programs
- ☐ Both Membership and Programs

*Does not apply to licensed child care programs, please contact your local branch for more information West Bend childcareww@kmymca.org or Port Washington/ Saukville childcareff@kmymca.org.

4. Acknowledgement

I consent for the Kettle Moraine YMCA to enter my name, address, phone number and email into Insightful Markets FAcheck platform to determine an estimated household income and placement on the Kettle Moraine's Program and Membership for All scale. The Y requests that individuals and families reapply every year, with updated documentation.

Signature of person completing this form _____ Date _____

TELL US MORE...Why the Y? How can the Y help you?

FOR OFFICE USE

APPROVED: YES ☐ NO ☐ DATE:
MEMBERSHIP TYPE: _____
MEMBERSHIP SCHOLARSHIP%: _____
MONTHLY FEE: _____ ANNUAL FEE: _____
DATE STARTED: _____

STAFF MEMBER: _____
BRANCH: _____
NOTES IN CORE: YES ☐ NO ☐
SUPERVISOR SIGNATURE: _____