



Dear New Member:

Re: Unique Pricing Agreement (check one) ___Membership ___Program ___Both

Welcome to the Y! Our Unique Pricing program allows the Y to be more accessible to individuals and families in Manatee County. We are very happy to provide Unique Pricing based on your membership type, number of individuals in the household and gross adjusted income.

Unique Pricing Things to Know and Guidelines:

- Our Unique Pricing is made possible through our Annual Scholarship Campaign.
- All Unique Pricing recipients will complete this form and receive a copy.
- Your information provided to the Y is strictly confidential and your name as an income-based pricing recipient will not be disclosed without your permission.
- **All Unique Pricing recipients are evaluated prior to first draft of membership fees/program fees due. In some cases, we may ask for additional information to confirm your income. This information when requested by our Membership Services Department MUST be received prior to first draft of membership fee/program balance due or full rate will apply for both membership and program fee (if applies).**
- In good faith if you do not have a 1040 form or income verification at sign up we will accept an estimate of your gross income and number of dependents in the household,
 - **Estimates: A copy of your 1040 form or income verification must be provided to the Manatee YMCA within 10 days following signing up as a member or your membership fee at first draft will be adjusted to full rate.**
- Number of dependents is based on membership type you choose, if not family.
- Unique Pricing for your membership is reviewed annually. A new 1040 form or income verification will be submitted prior to renewal date to renew your membership each year.

I understand that Unique Pricing provided at sign up is subject to change due to above requirements or data entry error. I understand that in some cases additional information will be required to validate my 1040 Tax Return Form, income verification paperwork, or my estimate.

Member Name: (please print)_____

Email:_____ Phone:_____

If Estimate, enter gross income and dependents

My Gross Income is: \$_____ Number of Dependents in Household is: _____

Member Signature:_____ Date:_____

Staff Person only:

Billing Member ID #_____ Staff Initial:_____ Branch:_____

Copy provided to new member. This form is completed only if (y) ready to join is chosen and is accompanied by the 1040 form or income verification paperwork, if available.

Program Only _____ Membership Only _____ Both _____
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