



Applicant Information

Name: _____ Date of Birth: _____

Gender: M / F / NB Email: _____

Full Address: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Phone Number: _____

I am applying for

- Individual Membership Family Membership
 Programs Only (Youth Climbing camps)

Attach one or more of the following documents for EACH adult living in the household

- 1040 Federal Tax Return for last year (can be approved for a 1-year membership)
 Statement of non-file from the IRS (can be approved for a 3-month to 1-year membership)
 If you do not have either of the above documents, complete a Financial Assistance Supplemental Form

Other individuals living in the household :

Name	Gender	Date of Birth
	M / F / NB	
	M / F / NB	
	M / F / NB	
	M / F / NB	
	M / F / NB	

Application certification

I certify that all of the above information is true and correct to the best of my knowledge. I understand that my membership privileges are subject to the same policies of a full paying membership. I understand that if I do not provide the required documentation for financial assistance or renewal of assistance, my application may be denied or terminated. Completed applications containing ALL the necessary paperwork will be reviewed within 14 business days.

Signature _____ Date _____

Submit form and attachments by email to Michael.henderson@winona.edu or drop at the front desk