

TEENS (14-18)



Earn-A-Membership Certification

The Earn-A-Membership program is available for Columbia residents who live on property subject to the CA lien and whose household income is within the Columbia Association guidelines.

1. Name _____

Phone number (home) _____

Phone number (work) _____

Street address _____

City _____

State, Zip _____

Village _____

Columbia Association INCOME GUIDELINES

The Columbia Association Low/Moderate Income Guidelines are based on federal guidelines developed by HUD.

Family Size	Gross Income
2	\$66,550
3	\$73,000
4	\$79,400
5	\$84,600
6	\$89,750
7	\$94,900
8	\$100,050

2. Parent(s)/Guardian(s)

Name _____	Name _____
Phone number (home) _____	Phone number (home) _____
Phone number (work) _____	Phone number (work) _____
Street address _____	Street address _____
City _____	City _____
State, Zip _____	State, Zip _____

My/our annual gross household income from all sources as of the date of this application is \$ _____. I understand that approval of this application depends on my ability to comply with the Columbia Association Income Verification Requirements: These are:

- a) Residents of Harper House, Longwood, Stevens Forest Apts., Hickory Ridge Place, Owen Brown Place, Rideout Heath, Roslyn Rise, Shalom Square, Sierra Woods or Community Homes may verify his/her income with a letter from his/her resident manager which lists his/her income and names of dependents. Applicants who do not live at any of the preceding residences but who are receiving public assistance may provide an AFDC printout from the Howard County Social Services Department.
- b) Provide an official IRS computer generated transcript of your 2009 tax return (may submit 2008 tax return if applying prior to April 15, 2010). You may request the documents by calling 1-800-829-1040. These are the only documents that the Columbia Association will accept. THERE ARE NO EXCEPTIONS TO THESE REQUIREMENTS.

I verify that the information I have provided on this application is correct, and that the IRS documents and/or other documents are valid. I further agree to notify the Columbia Association should my income rise above the limits stated herein before my membership year is up. I understand that failure to comply with these requirements will result in revocation of my membership privileges and will require payment at regular rates for privileges already used. I have read and agree to all the provisions on this application.

All members on a Family membership must be listed as dependents on your 2009 Federal Tax Form (2008 Federal Tax Form if applying prior to April 15, 2010)

SUPPLYING OF FALSE INCOME TAX INFORMATION IS A CRIME PUNISHABLE BY LAW.

Memberships must be activated within one year of the approval for issuance of the membership. The Columbia Association Earn-A-Membership Program is an attempt to make all recreational facilities available to all Columbia residents, regardless of income.

3. I/we desire membership for:

- | | |
|---|--|
| <input type="checkbox"/> Package Plan | <input type="checkbox"/> Ice Rink |
| <input type="checkbox"/> Neighborhood Pools | <input type="checkbox"/> Athletic Club |
| <input type="checkbox"/> Swim Center | <input type="checkbox"/> Columbia Gym |
| <input type="checkbox"/> Tennis Club | <input type="checkbox"/> Supreme Sports Club |

4. I/we have had membership in this facility previously yes no

5. Can assist with: (Please check one or more)

- | | | |
|---|---|--|
| <input type="checkbox"/> Café | <input type="checkbox"/> Copying | <input type="checkbox"/> Receptionist/answering phones |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Collating/folding/help with mailings | <input type="checkbox"/> Recreation Aide |
| <input type="checkbox"/> Chaperone/help at an event | <input type="checkbox"/> Deliver Flyers, etc. | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Cleaning fitness equipment | <input type="checkbox"/> Folding towels | <input type="checkbox"/> Typing (speed _____wpm.) |
| <input type="checkbox"/> Clerical/Filing | <input type="checkbox"/> Janitorial Maintenance/housekeeping | |

6. Hours/Days Available:

Weekdays _____ Evenings _____
Weekends _____ Holidays _____

RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I hereby agree with the Columbia Association, Inc. (the "Association") to the following by affixing my signature below on this date, _____ 2010.

In connection with my participation in the Earn-A-Membership program (the "Program"), I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgments against the Association, its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge the Association, its directors, officers, employees, servants, subcontractors and agents from all claims, cost, liabilities, expenses (including attorney's fees), and judgments which may arise out of my participation in the Program and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold the Association, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, damages, actions, liabilities, expenses (including attorneys fees) and judgments which may arise out of my participation in the Program.

Signature of Member/Participant

Date

Print Name

I am the parent or legal guardian of the minor indicated below. I am signing this agreement on behalf of said minor and acknowledge that in so doing, I am giving up legal rights and remedies that I, my spouse, a legal guardian for the minor or the minor might have now or in the future.

Minor

Date

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Approved, Michelle Miller, Director Community Services

Date