

# Earn-A-Membership Certification

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

**Name** (Head of Household) \_\_\_\_\_

**Phone Number** (Primary) \_\_\_\_\_

**Phone Number** (Alternate) \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State, Zip** \_\_\_\_\_

**Village** \_\_\_\_\_

**Annual Gross Income From All Sources** \_\_\_\_\_

**Columbia Association INCOME GUIDELINES**

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

Family Size	Gross Income Limit
1 .....	\$45,100
2 .....	\$51,500
3 .....	\$58,000
4 .....	\$64,400
5 .....	\$69,600
6 .....	\$74,750
7 .....	\$79,900
8 .....	\$85,050

**Household Members**

All dependents listed below must be listed on the tax printout. (14-18 yrs. must have work permit if working to earn membership)

Name	Age	Relationship	Check if working E.A.M.
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]

**SUPPORTING DOCUMENTATION REQUIRED**

- Income Verification
  - Residents who receive government assistance (TCA, DEEP, public housing, Section 8 housing, Medicaid, SSI, SSDI) may provide a current statement of benefits from the Howard County government, or appropriate governmental agency.
  - All other applicants must provide an official IRS computer generated transcript of 2010 tax return (it must include the annual income, number of exceptions, and must include the cover letter or be stamped or signed by the IRS). This transcript is available at no charge and can be requested by calling 1-800-908-9946 or online at [www.irs.gov](http://www.irs.gov).
- Copies of birth certificates or legal guardianship papers for each child listed as a dependent.

I understand that approval of this application depends on my ability to comply with the Columbia Association residency and income verification requirements.

**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.



# Earn-A-Membership **Certification**

- I/we desire membership for:** Individual      2 Member      Family
- Package Plan..... 47 Hours     61 Hours     66 Hours
- Outdoor Pools..... 10 Hours     12 Hours     15 Hours
- Individual Facility ..... 45 Hours     57 Hours     62 Hours

Specify Facility \_\_\_\_\_

**I/we have had membership in this facility previously**  Yes Membership Number \_\_\_\_\_  No

**Can assist with:** (Please check one or more)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chaperone/help at an event  | <input type="checkbox"/> Deliver flyers, etc.                | <input type="checkbox"/> Recreation Aide                  |
| <input type="checkbox"/> Cleaning fitness equipment  | <input type="checkbox"/> Folding towels                      | <input type="checkbox"/> Surveys                          |
| <input type="checkbox"/> Copying   | <input type="checkbox"/> Janitorial maintenance/housekeeping | <input type="checkbox"/> Word Processing/Microsoft Office |
| <input type="checkbox"/> Collating/folding/help with mailings                                    | <input type="checkbox"/> Receptionist/answering phone        |   |
| <input type="checkbox"/> Other (Please list any particular skills that you could provide). _____ |  |   |

**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, \_\_\_\_\_ 2011.

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

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
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_____ Signature of Member/Participant	_____ Date	_____ Print Name
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I am the parent or legal guardian of the minor(s) listed on this form. 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.

_____ Signature of Parent/Guardian	_____ Date	_____ Print Name
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_____ Signature of Parent/Guardian	_____ Date	_____ Print Name
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_____ Approved, Michelle Miller, Director Community Services	_____ Date
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