



Welcome to the YMCA of Southwestern Ontario’s Financially Assisted Membership Program. Our program serves those individuals that are unable, but not unwilling to pay the full fee to become a member of the YMCA. We will make every effort to accommodate and determine a financial agreement that is acceptable to both you and the YMCA of Southwestern Ontario. All information provided will be kept confidential.

APPLICATION INSTRUCTIONS:

1. Fill in the application form
2. Bring your completed application to your local YMCA for review by Membership Services
3. Please be prepared to make your first payment and provide a void cheque or pre-authorized payment form to activate your YMCA membership and to schedule your pre-authorized biweekly payments

MAIN CONTACT:

YMCA CENTRE:		DATE OF ASSESSMENT:	
LAST NAME:		FIRST NAME:	
ADDRESS:		CITY:	POSTAL CODE:
MAIN PHONE:	SECONDARY PHONE:	BIRTHDATE (DAY/MTH/YR):	
EMAIL:			
EMERGENCY CONTACT:		EMERGENCY PHONE:	EMERGENCY RELATIONSHIP:

CONFIRMATION OF IDENTITY: ____ PHOTO ID (EX. Driver’s license, student card, passport, etc.)

SPOUSE/DEPENDANT(S) ON MEMBERSHIP:

FIRST NAME:	LAST NAME:	BIRTHDATE (DAY/MTH/YR):

The YMCA core values include Honesty.

Do you consider yourself an Honest person?

YES NO

WHAT IS YOUR GROSS ANNUAL HOUSEHOLD INCOME*?

* Gross annual income is the total amount of income before taxes, in a year.

Circle the number closest to your income:

\$20,000 or less	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000+

ACCURATE BANK ACCOUNT INFORMATION:

YMCA Membership Services Department must receive written notice of any changes to a bank account a minimum of ten (10) days prior to the next scheduled withdrawal date. The YMCA is not responsible for any errors, miscommunications or service charges that may result from failure to inform the YMCA of any bank account changes in a timely manner.

APPLICANTS SIGNATURE:	DATE:
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OFFICE USE ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME: \$	# CHILDREN UNDER 18:	# ADULTS IN HOUSEHOLD:	SUBSIDY RATE: %
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YMCA FINANCIAL ASSISTANCE REQUESTED FOR:

<input type="radio"/> MEMBERSHIP	CLIENT HAS AGREED TO PAY \$ _____ BIWEEKLY/MONTHLY	
RATE: \$	HST: \$	YMCA FINANCIAL ASSISTANCE: \$
*AN AUTOMATIC INCREASE WILL BE APPLIED TO ALL MEMBERSHIPS ON THE ANNUAL RENEWAL DATE		

<input type="radio"/> COURSE OR PROGRAM	CLIENT HAS AGREED TO PAY \$ _____ IN TOTAL	
COURSE RATE: \$	HST: \$	YMCA FINANCIAL ASSISTANCE: \$

<input type="radio"/> CAMP OR PA DAY	CLIENT HAS AGREED TO PAY \$ _____ PER _____	
RATE: \$	HST: \$	YMCA FINANCIAL ASSISTANCE: \$
*THIS DOCUMENT VALID ONLY IF ACCOMPANIED BY A COMPLETED CAMPER REGISTRATION FORM		

Members may request a reassessment prior to renewal, or at any time should financial circumstances change. Subsidy Rate is valid for up to three (3) months from date of assessment.

STAFF NAME:	STAFF SIGNATURE:	DATE:
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