



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.

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:	
MAIN PHONE:	SECONDARY PHONE:	BIRTHDATE (DAY/MTH/YR):	
EMAIL:			

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

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:

- \$24,999 or less \$25,000 \$30,000 \$35,000 \$40,000 \$45,000
 \$50,000 \$55,000 \$60,000 \$65,000 \$70,000 \$75,000+

WHAT MEMBERSHIP ARE YOU INTEREST IN?

Please circle which membership(s) you are interested in and what you can contribute to on a bi-weekly basis relative to the full fee cost.

Membership Type	Full Fee Cost (bi-weekly) (plus HST)	Amount you are able to Contribute to the Full Fee Cost
Individual Essentials	\$22.50	
Individual Enhanced	\$34.50	
Individual Everything	\$44.50	
Senior Essentials	\$21.50	
Senior Enhanced	\$32.50	
Senior Everything	\$42.00	
Household Essentials	\$62.00	
Household Enhanced	\$74.00	
Household Everything	\$82.00	
Child Essentials	\$17.50 (HST exempt)	
Child Enhanced	\$28.00 (HST exempt)	
Child Everything	\$34.50 (HST exempt)	

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: \$	
<i>*AN AUTOMATIC INCREASE WILL BE APPLIED TO ALL MEMBERSHIPS ON THE ANNUAL RENEWAL DATE</i>			

<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: \$	
<i>*THIS DOCUMENT VALID ONLY IF ACCOMPANIED BY A COMPLETED CAMPER REGISTRATION FORM</i>			

Members may request a reassessment 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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Honesty Caring Respect Responsibility Inclusiveness