



YMCA Membership Financial Assistance Application

Contact Information:

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Date of Birth: _____

Gender: _____

 I consent to receive emails from the YMCA regarding my financial assistance application.**Membership:** Adult (18 years +) Senior (60 & retired or 65 years +) Child (12 and under) Youth (13 – 18 years) Family (Up to two adults and any children and youth living in the same house hold)**Member Information:***If you are applying for a family membership or if you are not applying for yourself please fill out this section.**If you are applying for yourself only, this section does not need to be filled out.***Name:****Gender:****Date of Birth:****Relationship:**

Financial Information:Please attach one of the following options: your most recent T4, **or** social assistance stub, **or** two paystubs.**How much do you feel you can contribute to monthly membership fees? \$** _____

Any special circumstances that should be taken into consideration:

I hereby apply for financial assistance for YMCA Membership. The information I have submitted is, to the best of my knowledge, correct. I understand that submitting false or inaccurate information or failure to notify the YMCA of any changes to my financial situation may result in my termination from the financial assistance program.

Signature: _____**Date:** _____