



YMCA Financially Assisted Membership

Welcome to the YMCA of Western Ontario's Financially Assisted Membership Program. Our Financial Assistance Program serves those individuals and families who have the greatest need in our community, those individuals that are unable, but not unwilling to pay the full fee. We will make every effort to accommodate all those people who wish to participate in YMCA programs. It is not possible to join the YMCA for free. Everyone must pay some portion of the membership fee. A financial agreement will be worked out that is acceptable to both you and the YMCA of Western Ontario.

Please complete the application for Financial Assistance in full and bring it with you, along with your required income statements. A YMCA staff member will review your application with you. All information provided will be kept confidential. We expect the same confidentiality from you. Financial Assistance requires a commitment to make regular payments and to participate on a regular basis in the program for which assistance was provided.

If you have any questions regarding the Financial Assistance Program please contact your local YMCA branch. (see below)

Our Mission: The YMCA of Western Ontario is a multi-service charity that provides opportunities for personal growth in spirit, mind and body for people of all backgrounds, beliefs and abilities

YMCA Core Values: Caring | Honesty | Respect | Responsibility

Be a part of the tradition by becoming a member of the YMCA family - volunteer today! Make friends, have fun, learn new skills and give back - it's a great opportunity! All you need is two hours of spare time a week! The YMCA is always looking for volunteers to lend a hand in Membership Services, Youth/Child Programs, Housekeeping and Fitness.

Visit www.ymcawo.ca today for more information!

Bob Hayward
YMCA
(519) 451-2395
1050 Hamilton Rd.
London, ON
N5W 1A6

Centre Branch
YMCA
(519) 667-3300
382 Waterloo St.
London, ON
N6B 2N8

Stoney Creek
Community Centre,
YMCA & Library
(519) 667-4400
920 Sunningdale Rd
London, ON N5X 0H5

Family YMCA of
St.Thomas-Elgin
(519) 631-2418
20 High St.
St.Thomas, ON
N5R 5V2

Strathroy-Caradoc
Family YMCA
(519) 245-6075
305 Frances Street
Strathroy, ON
N7G 4H5

Woodstock
YMCA
(519) 539-6181
808 Dundas Street
Woodstock, ON
N4S 1G4

YMCA at Middlesex
Centre
(519) 601-7033
1 Tunks Lane,
Komoka, ON
N0L 1R0

Windsor YMCA at
Central Park Athletics
(519) 419-1267
3400 Grand Marais Rd E,
Windsor, ON
N8W 1W7

Application for a YMCA Financially Assisted Membership

Please be prepared to make a first payment and bring a cheque marked void at the time you set up your membership. Please also bring documentation substantiating your gross household monthly income (before deductions). If your financial situation changes it is your responsibility to notify the YMCA in order to reassess your rate. The membership quote is individual to your household and any quotes are to be kept confidential.

Please list your name and those immediate family members interested in joining the YMCA:

Office Use

First Name	Last Name	Birth Date	M/F	Relationship to primary applicant	%

Family Address: _____

City: _____ Postal Code: _____

Phone # _____ Email address: _____

The following is a list of applicable proofs of income. Please present a current copy of all sources of income that may include the following:

- 2 consecutive and current payroll stubs for each adult in the household stating Gross Earnings.
- Monthly Statements from Government Income sources (Disability, Ontario Works, EI etc.)
- Goods & Services Tax/Harmonized Sales Tax from the Canada Revenue Agency stating family Gross Income.
- Canada Child Tax Benefit summary stating family's Adjusted Annual Income.
- Other household income sources such as child or spousal support, rental income, OSAP, etc.

MONTHLY FINANCIAL STATEMENT

Income Employment/Pension/WSIB/ETC. \$ _____

Social Assistance Income (OW, ODSP, ETC) \$ _____

Child Tax Credit \$ _____

Universal Childcare Benefit \$ _____

Child Support \$ _____

GST Rebate \$ _____

Other Income \$ _____

Total Gross Household Monthly Income: \$ _____

Signature: _____ Date: _____

Office Use only

Staff Authorization: _____

Manager Authorization: _____

Assessment Date: _____

Quoted Fee: _____ (month/bi-weekly)