



YMCA - YWCA of Guelph

130 Woodland Glen Drive
Guelph, ON N1G 4M3
Tel: 519-824-5150

Everyone Welcome

The YMCA- YWCA of Guelph wants everyone to be able to benefit from a healthy lifestyle. Therefore, financial assistance is made available to those who are unable, not unwilling to pay our regular membership/camp fees. Eligibility is based on total family unit income and family unit size as verified by CRA documentation. Fees will be determined by Member Services Staff (no appointment necessary.)

YOU MUST BRING THE FOLLOWING WITH YOU (please provide copies of documents, paperwork will not be returned)

- Your most recent income tax notice of assessment for **ALL FAMILY MEMBERS** 18 and over (for line 236)
- Child Tax Credit /GST Notice of assessment
- Completed and signed application form
- Photo ID and Method of payment

Please indicate: (circle) NEW APPLICATION or RENEWAL OF EXISTING MEMBERSHIP

Applicant Information:

Please list all family members. (Family is defined as husband, wife or significant other and their dependent children)

First Name/ Last Name.	SEX	Age	Date of Birth YYYY/MM/DD	Relationship to Applicant
1.	M F			
2.	M F			
3.	M F			
4.	M F			
5.	M F			
6.	M F			
7.	M F			

Address _____ City: _____

Postal Code: _____ Phone _____

Email address: _____

Emergency Contact: _____ Phone: _____

Our assessment is based on comparing your family size and income to local data. Those with income at or below, local low income cutoffs are eligible for general membership access to the Y, at our minimum subsidized fee.

*Building healthy
communities*





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Income:

Family Net Income (record all family members over 18)	Amount	Staff
1.Ontario Works or ODSP statement \$		
2.Child tax benefit Notice of assessment		
3.Current Notice of assessment (for line 236)		
4.Other		
Total MONTHLY income from all sources, and family members \$		
Total ANNUAL income from all sources, and family members \$= (monthly income x12)		

I, _____ having completed this form certify by my signature below that the information presented here is correct and complete. I agree to inform the YMCA- YWCA of Guelph in writing within 30 days of any material change to the information presented here and I agree that any change to this information may impact my eligibility for subsidy that resulted from this application and future applications. I agree that my sponsorship will remain confidential.

In the case of applying for camp subsidy, I further agree to permit the YMCA-YWCA of Guelph to share information related to my personal and family finances and the results of this application with the Children's Foundation of Guelph Wellington, for purposes of their determining my family's eligibility for grants provided by them for my child's participation in recreational programs.

Memberships will automatically renew on an annual basis and will reflect your new adjusted fees.

Signature _____ Date _____

Unsubsidized monthly fee _____

Based on a family of _____ with a family net income of \$ _____ applicants are eligible for a monthly fee of _____.

OFFICE USE ONLY	
TOTAL FEES:	\$
MONTHLY PRE-AUTHORIZED PAYMENT:	\$
ANNUAL AMOUNT OF Y SUBSIDY:	\$
LENGTH OF MEMBERSHIP IN MONTHS	
REVIEWED BY:	Date:
APPROVED BY:	Date: