

New

Renewal



Strong Communities Opportunity Fund Application

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (C): _____ Email: _____

Please list all Family Members:

Birth Dates:

I would like to apply for the YMCA Opportunity Fund because I am unable (not unwilling) to pay the full fee under any act of the standard payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation. If I fail to make the payments, my privileges may be suspended. All information I am providing is accurate. I understand and agree that my application will be reviewed, which may result in changes to the amount of sponsorship approved annually. All paperwork must be provided and form completed in full in order for my application to be processed.

(Member initial)

Proof of Income Verified
(Staff initial)

Most Recent Household T4s (from all employment) + Household Child Tax Benefit Amount or Most Recent Household Notice of Assessment or 3 most recent Household pay stubs (from all employers)

What amount are you able to contribute to the program fee each month? \$ _____

Membership Type Requested	Sponsor Joiner Fee	Regular Biweekly Rate	Sponsor Biweekly Rate	Sponsor 3 Month Rate
Youth under 18	N/A	\$19.00 + tax	_____	_____
Adult	\$50-\$20 + tax	\$27.00 + tax	_____	_____
Couple	\$50-\$20 + tax	\$48.00 + tax	_____	_____
Parent and children	\$50-\$20 + tax	\$41.00 + tax	_____	_____
Couple and children	\$50-\$20 + tax	\$67.00 + tax	_____	_____

To be completed by Membership Payment Coordinator

Date: _____

Number of Months Approved: _____

Staff Name: _____

Applicant's Signature: _____ Date: _____