



# YMCA Calgary Opportunity Fund | Application Form

## MAIN CONTACT DETAILS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

M  F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(year/mth/day)

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Medical Information: \_\_\_\_\_  
(Information we should know regarding any health problems that may affect your involvement in exercise)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Please list the name of your spouse or partner and your dependents under the age of 25 who will have a membership at the YMCA.

Last Name	First Name	Gender	Birthdate (year/mth/day)	Income (before taxes - line 236 of Notice of Assessment)
<b>Total</b>				

## ALL APPLICANTS:

To process monthly payments you must provide a void cheque, Visa or Mastercard to set up your YMCA Membership.

### OPTION 1:

You are approved for YMCA Opportunity Fund. Thank you for providing the necessary documentation.

### OPTION 2:

You must bring at LEAST one of the following documents.

- Your most recent Income Tax Assessment
- Current paystubs for each adult in the family (minimum 1 month)
- Referral letter from a government/social service agency

In addition, bring documentation regarding all other sources of income applicable to you.

- Student Finance
- WCB
- Child Support
- Child Tax Credit

## FOR OFFICE USE ONLY (Input under custom prompts)

Start date \_\_\_\_\_

End date \_\_\_\_\_

# of mths \_\_\_\_\_ Rate \_\_\_\_\_ /mth + GST = \_\_\_\_\_

Program \_\_\_\_\_ %

Special conditions \_\_\_\_\_

### Option 1

Documentation received \_\_\_\_\_

Verified/approved by \_\_\_\_\_  
(print full name)

Today's Date \_\_\_\_\_

### Option 2

Documentation received \_\_\_\_\_

Verified/approved by \_\_\_\_\_  
(print full name)

Today's Date \_\_\_\_\_

Crowfoot YMCA  
8100 John Laurie Blvd NW  
(403) 547-6576 | CFY@ymcocalgary.org

Eau Claire YMCA  
101 3 Street SW  
(403) 269-6701 | ECY@ymcocalgary.org

Saddletowne YMCA  
7556 Falconridge Blvd NE  
(403) 237-2393 | SDY@ymcocalgary.org

Shawnessy YMCA  
333 Shawville Blvd SE  
(403) 256-5533 | SHY@ymcocalgary.org

YMCA in South Health Campus  
4448 Front St SE  
(403) 956-3900 | SHC@ymcocalgary.org

For more information call us or visit [www.ymcocalgary.org](http://www.ymcocalgary.org)