



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)
Total				

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