

FREQUENTLY ASKED QUESTIONS:

Who is eligible for YMCA Financial Assistance?

Any individual, family or child who is unable to pay the full membership due to their financial circumstance.

How do I apply?

Fill out the application and attach your current proof of income (household) and make an appointment with the Membership Services Supervisor/Manager to have it processed. Your information will be kept confidential. A unique fee will be agreed upon through the assessment of your financial situation.

If I receive assistance, what is expected of me?

Please keep all information and fees discussed confidential, and notify us if your financial situation changes.

Is it possible to join the YMCA for free?

Everyone must pay some portion of the membership fee.

Does my assisted membership have an expiry date?

All assisted memberships expire after 6 months.

How do I renew my membership after the expiry date?

The YMCA does not remind you when your membership expires. As a member, it is your responsibility to contact the Membership Services Supervisor/Manager to make an appointment to renew your membership. You must bring in your current income documents to be renewed.

How is this possible?

As a respected charity, the YMCA of Cumberland is an essential partner in strong and vibrant communities. Funds from donors and fundraising initiatives; as a part of our Strong Kids Campaigns, go toward the membership assistance program.



YMCA of Cumberland

Membership Assistance Program

YMCA Membership Assistance

The YMCA strives to include all members of the community. Through the YMCA Strong Kids Campaign, individuals and families in need can participate in YMCA programs and services they otherwise could not afford. Within our available resources and program capacity, every effort will be made to accommodate those who wish to participate at the YMCA. No one is denied access to any YMCA program or services solely on an inability to pay the full fee.

YMCA Membership Assistance Application



Please select Membership Type:

- Youth (age 3-14)
 Student
 Adult (18+)
 Senior (60+)
 Couple
 Family

PRIMARY MEMBER				
NAME	First	Middle	Last	
	D.O.B.		Gender Identity	
HOME	Street		City	
	Province	Postal Code	Cell	
	Phone	Email		
Please list the names of additional family members who wish to join.				
First Name	MI	Last Name	D.O.B.	Gender Identity
Important Medical Information:				
EMERGENCY CONTACT (other than in your household). Required for all memberships.		Name	Phone ()	

Reason for applying for YMCA Membership Assistance: _____

Total Household Income**	Total Monthly (\$)	Total Household Expenses	Total Monthly (\$)
Earning #1		Housing	
Earning #2		Transportation	
Earning #3		Food	
EI		Clothing	
Social Assistance		Utilities	
Child Support/Alimony		Telephone	
Savings		Cable	
Pension		Loans	
Child Tax Credit		Insurance	
Other:		Other:	
TOTAL INCOME	\$	TOTAL EXPENSE	\$

****Current Proof of income is required.**

I would like to apply for YMCA Membership Assistance because I am unable (not unwilling) to pay the full fee under any of the standard membership payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation. I understand that the YMCA has an obligation to maintain a safe environment, and must screen for risk. I hereby give my consent for the YMCA to contact and collect information necessary to complete the application process. I give my permission for other organizations to release information that the YMCA requests pertaining to processing my application form. I have read and understand the Terms and Conditions of the YMCA of Cumberland Membership.

Signature: _____ Date: _____