

CONFIDENTIAL ASSISTED MEMBERSHIP APPLICATION

Date: _____

Appointment Time: _____

APPLICATION IS CONFIDENTIAL. PLEASE PRINT.

Is this application new or a renewal ?

How can the 'Y' help you? _____

First Name: _____ Last Name: _____

Date of Birth: / / Address: _____
Y M D

City: _____ Postal Code: _____ Phone: (h) _____ (work) _____

Emergency Contact: _____ Phone: _____

Medical/Caution Information: _____

Number of People in the Family at same address: _____

First Name	Last Name	Date of Birth	Dependent	Dependent
1.				
2.				
3.				
4.				

Applicant's Signature: _____ Date: _____

INCOME

(attach statements)

Monthly Household Income \$ _____

Other Income \$ _____
 (alimony, child tax credits,
 government benefits, etc.)

Total Income \$ _____

For Office Use Only

Code	Full Fee	Amount Paid	Assisted Amount

MUST BRING TO INTERVIEW!

- Void Cheque or Bank Account Information
- Proof of Income
 - E.I. Stub
 - Benefits Statement
 - Pay Stub
 - Other

PRE-AUTHORIZED PAYMENT PLAN

Welcome to the Kamloops Community YMCA-YWCA. For your convenience, memberships purchased on the pre-authorized payment plan will be reviewed on your anniversary date. This gives the Kamloops Community YMCA-YWCA the authorization to debit my/our bank account or credit card as payment for my/our membership.

Member Name: _____

Account Holder Signature: _____
 (void cheque attached - imprint credit card attached)

Transit#: _____ 5 Digits Branch #: _____ 3 Digits

Account #: _____
 Minimum 7 Digits

Credit Card #: _____

Bank Dates: 15th 31st (or the end of the month)
 Credit Card Dates: 10th 15th 20th 25th



**KAMLOOPS COMMUNITY
 YMCA - YWCA**

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