



YOU BELONG HERE WE CAN HELP.

MEMBERSHIP ASSISTANCE

HOW IS THE MEMBERSHIP ASSISTANCE PROGRAM FUNDED?

Abilities Centre's Membership Assistance Program is funded by the support of key sponsors partners, community partners, donations, and fundraising initiatives. To find out how you can get involved, email lwashington@abilitiescentre.org.



@ABILITIESCENTRE



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INSTAGRAM

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WWW.ABILITIESCENTRE.ORG

RON HALLIDAY MEMBERSHIP ASSISTANCE PROGRAM

ANYONE CAN BELONG AT ABILITIES CENTRE WITH THE HELP OF OUR SUPPORTIVE COMMUNITY. FROM PHYSICAL SPACE TO PROGRAM OPPORTUNITIES, THE ENCOURAGING ATMOSPHERE WELCOMES EACH PERSON FOR THEIR UNIQUE ABILITIES.

- 1** To apply, complete the Membership Assistance application. Once completed, bring the form, along with your Notice of Assessment for the current or prior year or proof of income to Abilities Centre Welcome Desk (*Attention: Manager, Member Services.*)
- 2** Once approved Please provide a void cheque, credit card, or pay in full when signing up for your membership. All applicants who have been approved for membership assistance have **four weeks** to activate their membership.
- 3** You will be approved based on a two tier system of 25% to 50% off membership based on need. Then you will become a member and enjoy our world class facility!

Abilities Centre membership terms and conditions apply.



Apply today and receive a financial assessment that reflects your needs.

RON HALLIDAY MEMBERSHIP ASSISTANCE APPLICATION FORM

Last Name	First Name	Date of Birth	Age	Sex	Category	Assisted Fee	Adjustment
						Total	

Monthly Income		AC Review
Notice of Assessment	\$	
Monthly Household Income	\$	
Additional Family Income	\$	
Employment Insurance/ Social Assistance	\$	
Child Tax Credit	\$	
Alimony/ Child support	\$	
Other	\$	
Total Monthly Income (A)	\$	

List Expenses Only		
Housing (rent or mortgage)	\$	
Property Tax	\$	
Groceries (estimated monthly)	\$	
Child care	\$	
Transportation	\$	
Utilities: Gas	\$	
Hydro	\$	
Water	\$	
Phone	\$	
Other (student loan, medical bills)	\$	
Total Monthly Expenses (B)	\$	

Email: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Emergency Contact: _____ Contact Phone: _____

Reason for applying for financial assistance: _____

I verify this information to be accurate and accept responsibility for notifying Abilities Centre should my financial situation change.

Signature: _____ Date: _____

Approved by: _____ Date: _____

Abilities Centre privacy statement

Abilities Centre is committed to protecting information by following responsible information handling practices. We collect and use personal data in order to better meet your service needs, to ensure a safe environment while members are visiting our Centre, for statistical purposes, to inform you about Abilities Centre programs or services in which you are registered, to complete payment transactions and to satisfy regulatory obligations. You may also hear from us periodically about other Abilities Centre programs, services and opportunities that may interest and benefit you. Visit our website at www.abilitiescentre.org for more information on our Abilities Centre Privacy Statement.