



## Membership Fee Assistance Program

The Canada Games Centre (CGC) believes that everyone should have the opportunity to take part in fitness and recreation activities and that those opportunities should be accessible and affordable, regardless of one's financial means.

To help those in our community that need it most, CGC created a Membership Fee Assistance pilot program to support 150 individuals/families in 2018-19.

### How does it work?

- To qualify for this program, applicants must meet the eligibility requirements and submit a completed application form and proof of income.
- If approved, 50% of your annual membership fees will be covered by CGC for one year.
- For more information on our rates and all that a CGC membership has to offer, please visit [canadagamescentre.ca/membership](http://canadagamescentre.ca/membership)

### Who can apply?

To be eligible you must meet the following requirements:

- You must be a permanent resident of Canada and live within the Halifax Regional Municipality
- Your combined gross household income is less than the Statistics Canada Low Income Cut-offs (LICO)\*. For the LICO list, please visit [canadagamescentre.ca/membership/membership-types-rates/fee-assistance](http://canadagamescentre.ca/membership/membership-types-rates/fee-assistance)

*\*A household is all family members living in the same home related by blood, marriage, common-law or adoption. Roommates are considered part of the household and adults are considered persons 19 years and older.*

### How to apply:

- 1** Complete the Membership Fee Assistance Application form (see other side).
- 2** **Proof of Income:** Obtain your most recent Canada Revenue Agency Notice of Assessment for each adult in your household - Total Income on Line 15000. For households with two or more persons, add together Line 15000 on each Tax Assessment to obtain your Combined Gross Household Income before tax. ([cra-arc.gc.ca/myaccount/](http://cra-arc.gc.ca/myaccount/))
- 3** Submit your completed Membership Fee Assistance Application form along with your Notice of Assessment(s) by email to [membership@canadagamescentre.ca](mailto:membership@canadagamescentre.ca) or in-person at the CGC Customer Service Desk:

**26 Thomas Raddall Drive, Halifax**  
Attention: Membership

### Additional Information

- Confidentiality of all applicants and recipients will be protected.
- Your application will be assessed within 2-3 weeks from when it is received. You will be notified of the result by email or telephone, please ensure both your email address and phone number are written clearly on your application. We assess each application individually and in the order in which they are received. Please note that not everyone who applies and qualifies for funding will receive it, as funding is limited.



# Membership Fee Assistance Program



It happens here.



# Membership Fee Assistance Application Form

OFFICE USE ONLY	
Date Received:	
Date Processed:	
Processed By:	
<input type="checkbox"/> Approved; Acct #:	<input type="checkbox"/> Denied

## APPLICANT INFORMATION

Applicant Name:	Date of Birth: <small>(DD/MM/YYYY)</small>	Will this person be included on the membership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City:	Province:	Postal Code:
Daytime Phone:	Alternate Phone:	
Email:		
Are you or anyone in your household already a member of the Canada Games Centre? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list):		
Number of Children in Household:	Number of Adults (19 years and older) in Household:	
Please select the type of Annual Membership you are applying for: <input type="checkbox"/> Adult <input type="checkbox"/> Senior (60+) <input type="checkbox"/> Young Professional (19-25) <input type="checkbox"/> Youth (3-18) <input type="checkbox"/> Family <input type="checkbox"/> Add-On		

## PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

Name:	Date of Birth: <small>(DD/MM/YYYY)</small>	Add to Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Date of Birth: <small>(DD/MM/YYYY)</small>	Add to Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Date of Birth: <small>(DD/MM/YYYY)</small>	Add to Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Date of Birth: <small>(DD/MM/YYYY)</small>	Add to Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Date of Birth: <small>(DD/MM/YYYY)</small>	Add to Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROOF OF TOTAL HOUSEHOLD INCOME MUST ACCOMPANY APPLICATION FORM. YOU MUST INCLUDE:  Most recent Canada Revenue Agency Notice of Assessment for each adult (19+) in the household

I hereby declare that all information provided is accurate at the time of application. Should the information change, I will notify the CGC at 902.490.2291 or [membership@canadagamescentre.ca](mailto:membership@canadagamescentre.ca). All information received is kept confidential.

Signature of Applicant:	Date:
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