

We welcome anyone that requires financial support to apply for our Membership Assistance Program (MAP)

## HOW TO APPLY?

To apply, please complete the Membership Assistance application form which can be found online at:

**[www.abilitiescentre.org/map](http://www.abilitiescentre.org/map)  
or in person at our Welcome Desk.**

Once completed, simply return the form along with your Notice of Assessment, pay stub, or ODSP statement for the current or prior year or proof of income to the Abilities Centre Welcome Desk (Attention: MAP Approval Committee). The MAP program operates on an annual basis, and you can re-apply one month before your membership renewal date.

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.\*

Acceptance into the Membership Assistance Program is **based on a scale up to 50%** reduced membership rate depending on annual income.

We encourage you to use your membership regularly! As a member of Abilities Centre, you and your family will have full access to our state of the art, world class facility, and we will be delighted to work with you to meet your needs and help you reach your goals!

\*All approved MAP memberships are subject to the terms and conditions of Abilities Centre Memberships.

## HOW CAN I GIVE?

Give back to your community and give to yourself. By giving your time or donations you are contributing to the future of inclusive programs and a world class Centre where all are welcome.

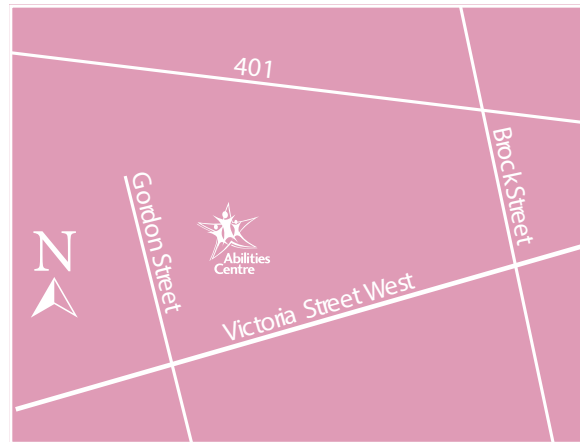
**[www.abilitiescentre.org/donate](http://www.abilitiescentre.org/donate)**



Abilities Centre is a not-for-profit charitable organization that supports health & well-being, social inclusion and quality of life for persons of all ages and abilities. We are founded on the principle that welcoming all members of a community, regardless of their ability, age or background, enhances quality of life for all and makes all of us stronger.

## HOURS OF OPERATION

Monday to Friday	5:30am - 10:00pm
Saturday	7:00am - 8:00pm
Sunday	8:00am - 8:00pm



55 Gordon Street, Whitby, ON L1N 0J2  
Phone: 905-665-8500  
Fax: 905 665-8501  
[www.abilitiescentre.org](http://www.abilitiescentre.org)



## Tracy Mahon

Senior Manager, Membership Experience  
[tmahon@abilitiescentre.org](mailto:tmahon@abilitiescentre.org)  
905-665-8500 ext.200



## MEMBERSHIP ASSISTANCE PROGRAM



**Anyone can belong at Abilities Centre with the help of our supportive community. As a not-for-profit, we are committed to helping ensure that people are not turned away because they can't afford the full membership fee.**





# MEMBERSHIP ASSISTANCE PROGRAM

Name (First,Last): \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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](http://www.abilitiescentre.org) for more information on our Abilities Centre Privacy Statement.

Last Name	First Name	Date of Birth	Age	Sex	Catigory	Assisted Fee	Adjustment
<b>Total</b>							

**Reasons for applying:**

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

List Expenses Only		AC Review
Housing (rent or mortgage)	\$	
Property Tax	\$	
Groceries (Estimated monthly)	\$	
Child Care	\$	
Transportation	\$	
Gas	\$	
Hydro	\$	
Water	\$	
Phone	\$	
Other (Student loan, medical bills)	\$	
<b>Total Monthly Expenses (B)</b>	<b>\$</b>	

**Office Use**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_