

Drum Life Pass

Please complete this application and return it to the Town Hall between 8:00 a.m. and 4:30 p.m. at 224 Center Street, Drumheller, AB T0J 0Y4. Alternatively, you can apply online at: Affordability & Assistance. If you have any questions or concerns filling out this form please contact the Community & Corporate Services Administrative Assistant at: 403.823.1324 or CDSP@Drumheller.ca.

Program runs on the Calendar Year (January – December). A Drumlife Pass must be activated in the first three months on the date it was awarded, otherwise it will be rescinded. You must reapply each year for this program. Applications for the next calendar year will be available in December each year.

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|----|---------|----------------|------------|-------------|-------------|----------|
| Α. | Proot (| of Eliaibility | Recibients | of the Drum | Life Pass r | nust be: |

 residents of Drumheller, be a Canadian citizen and have an annual income below the income threshold.

| Proof of residency can be provided by (min | imum of one): | |
|---|--|------------------------------------|
| ☐ Driver's license ☐ Lease agreement | ☐ Financial information (copy of bi | ll with your name/address) |
| Citizenship/Residency Status (select one): | ☐ Closed Work Permit | ☐ Permanent Resident |
| Household (select all that apply): ☐ Single | ☐ Married/Common Law | □ with children |
| Proof of income must be provided for all ac | dult household members. Preferi | ed sources being: |
| □ Notice of Assessment showing line 23600 r | | _ |
| ☐ AISH Health Benefits Card or other provincial | government issued document showing tha | t you are currently receiving AISH |
| ☐ Government documentation showing incom | ne support: Alberta Works, Alberta | Seniors Benefits |
| B. Applicant must be aged 18+ (Please print) | | |
| First Name: | Last Name: | |
| Address: | | Date of Birth: |
| City: | Province Pos | tal Code: |
| Email: | Phone #: | |
| C. Additional Family Information (Please lis included in this application.) | t all family members who reside in t | ne same household that should be |
| Name | Relationship | Date of Birth (MM/DD/YYYY) |
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| 4 | □ Aquaplex Membership | | □ Camp BCF Program Credit | |
|--|--|--|--|--|
| □ BCF Membersh | nip | ☐ Swimming Lesson Program Credit ☐ Registered Fitness Program Credit | | |
| □ Aquaplex & BC | F Membership | | | |
| If approved, select which fo | rm of Recreational Fac | cility membe | ership you would like your discou | |
| plied to. | Single Facil | itv | Multi Facility | |
| | (Aquaplex C | - | (Aquaplex, Memorial Arena AND | |
| | Badlands Communi | | Badlands Community Facility) | |
| Youth (6-17) | □ \$30.20* | | □ \$42.00* | |
| Adult (18-59) | □ \$46.20* | : | □ \$59.30* | |
| Family | □ \$86.10* | | □ \$107.60* | |
| Senior (60+) | □ \$30.20* | | □ \$42.00* | |
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