



WONDERING IF YOU QUALIFY?

If any information is missing in your application package from the checklist below, it will be returned to you without acceptance and you must resubmit your application.

YES	NO	
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☐☐

Do you live within the boundaries of the City of Campbell River or SRD Area D?

☐☐

Have you lived at your present address of residence for at least 1 month?

☐☐

Do you meet the low income cut-offs as outlined by Statistics Canada?

If you answered NO to any of the above questions, you do not qualify and it is not necessary for you to complete this application.

WHAT TO BRING WITH YOU TO THE RECEPTION DESK AT STRATHCONA GARDENS:

☐

This application form with all information filled out completely, including every family member who resides in your household who will be participating in the program. **Ensure the application is signed and the information you provided is accurate.**

☐

Proof of your residence in Campbell River or Area D (accepted documents include a driver's license, BC Services Card, utility bills, bank statements, lease agreements, and official government letters such as tax documents).

☐

Proof of your combined income from line 150 of your 2024 tax assessment **for each household member.**

WHERE TO BRING YOUR APPLICATION:

Strathcona Gardens Recreation Complex: 225 South Dogwood Street.

Please note: During the current REC-REATE construction of our new aquatic & wellness centre, our facility parking lot and entrances are accessed from Pinecrest Road.

L.I.F.E MEMBERSHIP BENEFITS: 104 free drop-in admissions and a 50% discount on three registered programs.

*Successful applications will be approved immediately and a L.I.F.E membership will be issued to each member on the application. **Please be advised:** L.I.F.E participants discovered to be misusing their membership will have their privileges and benefits revoked.*

L.I.F.E

Leisure Involvement for Everyone

For Residents of Campbell River and Area D

June 1, 2025 to May 31, 2026

APPLICANT INFORMATION							
FIRST NAME:				LAST NAME:			
BIRTH DATE:	DD/MM/YYYY			E-MAIL:			
PRIMARY PHONE:				WORK PHONE:			
ADDRESS:							
CITY:	Campbell River			POSTAL CODE:			
SPOUSE INFORMATION							
FIRST NAME				LAST NAME:			
BIRTH DATE	DD/MM/YYYY			E-MAIL:			
PRIMARY PHONE				WORK PHONE:			
DEPENDANT INFORMATION							
FIRST NAME	LAST NAME		BIRTH DATE		AGE		
			DD/MM/YYYY				
			DD/MM/YYYY				
			DD/MM/YYYY				
			DD/MM/YYYY				
			DD/MM/YYYY				
			DD/MM/YYYY				
2024 STATS CANADA LOW INCOME CUT-OFFS (Please CIRCLE one choice)							
# FAMILY MEMBERS IN HOUSEHOLD	1	2	3	4	5	6	7+
INCOME MUST BE UNDER:	\$26,759	\$33,312	\$40,953	\$49,724	\$56,395	\$63,605	\$70,815

CONSENT: I declare all the above information to be true to the best of my knowledge:

SIGNATURE: _____ DATE: _____ DD/MM/YYYY

I agree to meet with a representative of Strathcona Regional District and will at that time disclose financial information based on my latest Revenue Canada tax return, Gain, or other reliable documentation.

SELF DECLARATION:

I, _____ FIRST & LAST NAME _____ hereby declare on _____ DD/MM/YYYY

that my combined family income is under the low-income cut-offs (above) as outlined by Statistics Canada.

L.I.F.E cards will be cancelled if information provided is discovered to be false. Random checks will be done.

The Strathcona Regional District is collecting this personal information pursuant to s. 26 of the Freedom of Information and Protection of Privacy Act, for the following purpose: 26(c) - the information relates directly to and is necessary for a program or activity of the public body. If you have any questions about this collection of personal information, please contact our Administrative Co-ordinator at jpotts@srd.ca or 250-830-6767.

FOR OFFICE USE

Membership:

☐

Renewal

☐

New Member

Residency Verified

☐

Licence

☐

Utility Bill

☐

Adjudicated

Application Processed by: _____ Computer Updated: _____