

Changes to YMCA Membership Information

Please fill out all applicable sections. Your information is important to the YMCA so that we can have accurate records with which to contact you concerning matters relating to your membership.

Name: _____ Mem. ID # _____

Member Signature _____ Date _____

Staff Signature _____ Date _____

Bank Draft Changes: (STAPLE VOIDED CHECK)

Membership Information Change(s)

____ Current Membership Type: _____ New Mem. Type: _____

____ New Monthly Fee Will Be: \$ _____ Effective Date: _____

____ New Name: _____ New Phone #: _____

____ New Address (physical or email: _____

City State Zip Code

____ Adding a new family member to your membership

(Please list each name, birth date, gender, employer or school on the lines below)

____ Taking a family member off your membership [list name(s) below]

____ Taking Membership off hold effective: _____