



Member Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Staff Only\*\* FACILITY ACCESS CODE :** \_\_\_\_\_

Staff \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date Canceled \_\_\_\_\_ Director \_\_\_\_\_

Refund Due: YES NO Amount \_\_\_\_\_

## CHANGE FORM

Please Check One

- Cancellation of Membership
- Name /Address/ Phone / Email(fill out below)
- Add New Family Member (fill out below)
- Membership Hold
- Membership Type
- Delete Family Member (fill out below)

**ADDRESS:**

Street \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #1 \_\_\_\_\_ ALT # \_\_\_\_\_

EMAIL : \_\_\_\_\_

**CANCELATION OF MEMBERSHIP**

Type of Membership \_\_\_\_\_

Reason For Canceling \_\_\_\_\_

Notified of 15 day notice YES NO

Draft Date: 1 15 (circle one)

Membership Cancellation Date : \_\_\_\_\_

**(TO VERIFY Please complete address box to the left)**

**ADD or DELETE Family Members**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

Verification of residence will be required to add an additional family member to a membership.

**MEMBERSHIP TYPE**

**Current**

Adult Fam2 Fam3 Senior SeniorCpl Teen  
Preschool Youth Young Adult AOA Program

Monthly Amount \_\_\_\_\_ Annual \_\_\_\_\_

**Change to**

Adult Fam2 Fam3 Senior SeniorCpl Teen  
Preschool Youth Young Adult AOA Program

Monthly Amount \_\_\_\_\_ Annual \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP HOLD**

**Dates of hold:**

**START DATE:**

**to**

**END DATE:**

Date is subject to change to match hold policy.

The member and his /her dependents assume all risks, injuries, and property damage incidental to the use of the YMCA facility Including but not limited to physical activities in which they are engaged.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_