



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

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

<b>**Staff Only** FACILITY ACCESS CODE :</b> _____		
Staff _____	Today's Date: _____	
Date Canceled _____	Director _____	
Refund Due:	YES      NO	Amount _____

## CHANGE FORM

Please Check One

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

### ADDRESS:

Street \_\_\_\_\_

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

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

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

### CANCELATION OF MEMBERSHIP

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

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

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 HOLD

Dates of hold:

START DATE:

to

END DATE:

Date is subject to change to match hold policy.

### 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:

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_