



# MEMBERSHIP CHANGE

Bell Family YMCA

PRIMARY ACCOUNT HOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET, CITY, ZIP CODE

PRIMARY PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## CHANGE REQUEST:

- DRAFT INFORMATION OR MEMBERSHIP**  
(Complete Section A)
- UPDATE CONTACT INFORMATION**  
(Complete Section B)
- HOLD REQUEST**  
(Complete Section C)
- MEMBERSHIP RENEWAL**  
(Complete Section D)

## CHANGE DRAFT INFORMATION OR MEMBERSHIP TYPE

A

- Circle one:**      **EFT** (Attach voided check)    **VISA**    **MASTER CARD**    **DISCOVER**
- Name on Credit Card: \_\_\_\_\_
- Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_
- Change membership from** \_\_\_\_\_ **TO** \_\_\_\_\_
- ADD OR DELETE \_\_\_\_\_      **DOB:** \_\_\_\_\_      **M OR F**
- ADD OR DELETE \_\_\_\_\_      **DOB:** \_\_\_\_\_      **M OR F**

## NEW ADDRESS/PHONE/EMAIL OR CHANGE OF NAME INFORMATION

B

- NEW ADDRESS:** \_\_\_\_\_
- NEW PHONE NUMBER/EMAIL:** \_\_\_\_\_
- CHANGE OF NAME:** \_\_\_\_\_

## MEMBERSHIP HOLD

As an accommodation to our members, the YMCA has made provisions for memberships to be placed on a temporary hold.

C

- Please note and initial the following:
- \_\_\_\_ 1. I understand my membership can be placed on hold for a maximum of three (3) months per calendar year.
  - \_\_\_\_ 2. I understand my hold request must be turned in a minimum of ten (10) days prior to draft date to allow processing.
  - \_\_\_\_ 3. I understand my draft will resume as scheduled after requested hold period and no refunds will be issued.
  - \_\_\_\_ 4. I understand if I wish to cancel, I must give thirty (30) day written notice before my hold period ends.
- I agree to hold my monthly auto-draft for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- Reason for Hold: (Check one)     Monetary     School     Work     Medical     Vacation     Other

## MEMBERSHIP RENEWAL

D

- RENEWING:**     **SIX MONTH MEMBERSHIP**     **ANNUAL MEMBERSHIP**     **SCHOLARSHIP**
- \*\*\* Scholarship Participants: If you have new draft information, please complete Section A.

## CHANGE AGREEMENT SIGNATURE

I HEARBY REQUEST MY MEMBERSHIP AT THE BELL FAMILY YMCA BE CHANGED AS INDICATED ABOVE. I UNDERSTAND I MUST GIVE A THIRTY (30) DAY NOTICE TO MY DRAFT DATE IN ORDER TO MAKE ANY CHANGES TO MY AUTOMATIC PAYMENT. I UNDERSTAND UPGRADES/DOWNGRADES IN MEMBERSHIP WILL BE REFLECTED IN THE NEXT DRAFT DATE. I HAVE READ AND AGREE TO ADHERE TO THE MEMBERSHIP HOLD STATEMENTS ABOVE.

\_\_\_\_\_  
PRIMARY MEMBER SIGNATURE

\_\_\_\_\_  
DATE MM/DD/YYYY

# MEMBERSHIP CANCELLATION

## MAIN ACCOUNT HOLDER INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET, CITY, ZIP CODE

PRIMARY PHONE NUMBER: (     ) \_\_\_\_\_ - \_\_\_\_\_

MEMBERSHIP TYPE:     TEEN/YOUTH     ADULT     HOUSEHOLD     AOA     AOA COUPLE

REASON FOR CANCEL: \_\_\_\_\_

## RATE US !

	Excellent	Good	Fair	Poor	N/A	Would you consider rejoining? <input type="checkbox"/> YES <input type="checkbox"/> NO
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you recommend us to friends/family? <input type="checkbox"/> YES <input type="checkbox"/> NO
Facility Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classes Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____ _____ _____
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programs Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## CORPORATE MEMBERSHIPS

IS YOUR MEMBERSHIP PAYROLL DEDUCTED THROUGH YOUR EMPLOYER?     YES     NO

IF YES, SELECT THE FOLLOWING EMPLOYERS WE CURRENTLY PARTNER WITH:

TENNECO     HTC     FABRITEX     HART COUNTY BOC     RTS PACKAGING

The completion of this form represents my written thirty (30) days notice to terminate my membership at the YMCA of Georgia's Piedmont. I hereby request the YMCA to stop drafting my account for my monthly membership payments. I understand if I am a corporate member, it is my responsibility to follow up with my employer to stop payroll deductions. I understand if I am cancelling less than thirty (30) days before my draft date, the YMCA of Georgia's Piedmont does not guarantee the termination of my next draft.

\_\_\_\_\_  
PRIMARY MEMBER SIGNATURE

\_\_\_\_\_  
DATE MM/DD/YYYY

FOR YMCA USE ONLY

DATE ACCEPTED: \_\_\_\_\_

MEMBERSHIP TYPE: \_\_\_\_\_

CORPORATE ACCOUNT?     YES     NO    IF 'YES', WHICH COMPANY: \_\_\_\_\_

REQUEST COMPLETED?     YES     NO

BALANCE COLLECTED FOR AMOUNT OWED     YES     NO     N/A

POP-UP STATING BALANCE HAS BEEN DELETED     YES     NO     N/A

COMMENTS: \_\_\_\_\_

STAFF: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_