



MEMBERSHIP CHANGE

BRAD AKINS BRANCH

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 BRAD AKINS 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

