



MEMBERSHIP CHANGE

BRAD AKINS BRANCH

PRIMARY ACCOUNT HOLDER: _____ DATE: _____

CURRENT ADDRESS: _____
STREET, CITY, ZIP CODE

PRIMARY PHONE NUMBER: (____) _____ - _____

CHANGE REQUEST:

- DRAFT INFORMATION CHANGE**
(Complete Section A)
- UPDATE CONTACT INFORMATION**
(Complete Section B)
- HOLD REQUEST**
(Complete Section C)
- MEMBERSHIP RENEWAL**
(Complete Section D)
- ADD / REMOVE / CHANGE MEMBERSHIP TYPE**
(reverse side)

CHANGE DRAFT INFORMATION

A

Circle one: EFT (Attach voided check) VISA MASTER CARD DISCOVER

Name on Credit Card: _____

Credit Card Number: _____ Exp: _____

NEW ADDRESS/PHONE/EMAIL OR CHANGE OF NAME INFORMATION

B

NEW ADDRESS: _____

NEW PHONE NUMBER/EMAIL: _____

CHANGE OF NAME: _____

MEMBERSHIP HOLD

C

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

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.

PRIMARY MEMBER SIGNATURE

DATE MM/DD/YYYY

CHANGE MEMBERSHIP UNIT TYPE

- I would like to change membership type from _____
TO _____
- I understand the monthly draft amount will be \$ _____ effective with draft on _____
draft month and date

ADD / REMOVE INDIVIDUALS FROM MEMBERSHIP (proof of residency / guardianship may be required)

ADDING TO MEMBERSHIP UNIT

Name _____ DOB: _____ M OR F Relationship _____
If minor, name of parent / guardian: _____
If minor, Is parent / guardian active on this membership unit? Yes No

Name _____ DOB: _____ M OR F Relationship _____
If minor, name of parent / guardian: _____
If minor, Is parent / guardian active on this membership unit? Yes No

Name _____ DOB: _____ M OR F Relationship _____
If minor, name of parent / guardian: _____
If minor, Is parent / guardian active on this membership unit? Yes No

REMOVING FROM MEMBERSHIP UNIT

Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

CHANGE AGREEMENT SIGNATURE

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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

RECEIVED PROOF OF RESIDENCY ? YES NO NOT APPLICABLE

BALANCE COLLECTED FOR AMOUNT OWED YES NO N/A

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

COMMENTS: _____

STAFF: _____ DATE COMPLETED: _____