



MEMBERSHIP CHANGE FORM YMCA OF GREATER MONTGOMERY

Date: _____

Primary Member Name: _____ (print clearly) DOB: _____

Please Confirm Current Information Below:

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell Work Home

Automatic Draft Payment Change:

Draft Account Holder's Name (as it appears on the card/account): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Checking Savings

Bank Name: _____

Routing Number: _____ Account Number: _____

Credit Card

Card Number: _____ Expiration Date: ____/____ CSV (3 digit): _____

This is a request to the above named financial institution for monthly dues and other charges originated from my membership and participation at the YMCA. I further agree this authorization is to remain in effect until receipt of written notice by the Metro Business Office to cancel such authorization. Any charge rejected for any reason may result in a return fee up to the amount available by state law.

Change Draft Date to: 1st 16th (changing your draft date may result in a prorated fee to accommodate the change in cycle.)

General Membership Changes:

Upgrade Downgrade

From Type: _____ at \$ _____ to Type: _____ at \$ _____

Household Members to Add/Remove: (living in household)

ADD/REMOVE 1. _____ DOB: _____

Relationship: _____ Male/Female Race: _____

ADD/REMOVE 2. _____ DOB: _____

Relationship: _____ Male/Female Race: _____

ADD/REMOVE 3. _____ DOB: _____

Relationship: _____ Male/Female Race: _____

Cancelling Membership: (Please indicate reason for cancellation below)

Medical Reasons Seasonal Use Only Joining another facility; Name of Facility: _____

Financial Reasons - Has anyone spoken to you about our Financial Assistance? Yes/No

Dissatisfied with: Price/Facility/Program/Service (circle one) No Longer Using Relocating Other

Please provide any feedback that will enable us to better serve our members: _____

The YMCA of Greater Montgomery has a 30-day written notice cancellation policy to stop the bank draft as specified in the policies listed on the authorization agreement for your preauthorized payments. During this 30-day notice we encourage you to use our facilities until the end of the 30 days. If you have questions, or we can be of further assistance, please contact your membership administrator at your local center between the hours of 8:00 am and 5:00 pm. **Thank you for your support, we look forward to serving you again in the future.**

I understand that I am responsible for any outstanding balance on my account and that cancellation does not eliminate any balance owed.

Signature: _____ Date: _____

Refusal to sign does not bypass the policies of the YMCA of Greater Montgomery.

To be completed by YMCA Staff:

Home Branch	Unit Number	Corporate Group	Staff Member	Date
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