



YMCA OF CATAWBA VALLEY

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Corporate Membership Change/Termination Form

Date: _____ Membership # if known (NOT CARD #): _____

Membership Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Membership Change

Change Membership Type to: _____

Add Family Member(s) to Existing Membership (Must be a tax dependent)

First: _____ Last Name: _____ Gender: M F Race: _____ DOB __/__/__

First: _____ Last Name: _____ Gender: M F Race: _____ DOB __/__/__

First: _____ Last Name: _____ Gender: M F Race: _____ DOB __/__/__

Terminate existing YMCA branch membership to join with corporate plan:

Member ID #: _____ Effective Date: _____

Terminate Membership

Effective Date: _____

Add Family Member(s) to Existing Membership (Must be a tax dependent)

Reason for Termination:	Non-Use	Medical	Dissatisfied	Moving	Financial
	Using Other Facility	No longer employed	Time Limitations		

Comment: _____

Other Changes

Name Change: _____

New Address: _____

New Phone #: _____

Member Signature

Date

Company Name: _____

Human Resource Signature

Date