



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CATAWBA VALLEY MEMBERSHIP CHANGE FORM

Please complete entire form.

Please Print

MEMBER NAME: _____

Date: _____

CURRENT INFORMATION:

Address: _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____

Email Address: _____

Change of Membership Request

Upgrade/Downgrade Membership:

From _____
Membership Type

To _____
Membership Type

Family Information:

Name

Age

DOB

Gender

Add Remove

____ / ____ / ____

M F

Add Remove

____ / ____ / ____

M F

Add Remove

____ / ____ / ____

M F

Add Remove

____ / ____ / ____

M F

Change Payment Method: (Check method and date)

Credit/Debit Card Draft to Bank Draft (**Attach voided check**) Draft Date: 1st of month 15th of month

Bank Draft to Credit/Debit Card Draft (**Attach Card Info**) Draft Date will be 10th of month
\$2.00 processing fee will be applied to your monthly draft amount

Annual Pay to Monthly Draft **Bank Date: (Attach voided check)** 1st of month 15th of month or
 Credit/Debit Card Draft (Attach Card Info) Draft Date will be 10th of month
\$2.00 Processing fee will be applied to your monthly draft amount

Monthly Draft to Annual Pay

Change Bank Card Information Attach voided check

Change Credit/Debit Card Information Attach Card Info

Add Locker

Remove Locker # _____

Important: A thirty-day notice is required to make any changes to membership. Please keep a copy of this change form for your records.

Member Signature: _____

Date: _____

Membership Associate Use Only

Staff Signature: _____

Member #: _____

Date: _____

Back Office Use Only

Initial that all changes are complete: _____

Date: _____