

## **MEMBERSHIP CHANGE**

DATE MM/DD/YYYY

**Bell Family YMCA** 

PRIMARY ACCOUNT HOLDER:				D	ATE:	
CURRENT ADDRESS:			, CITY, ZIP CODE			
PRIMARY PHONE NUMBER: (						
CHANGE REQUEST:						
DRAFT INFORMATION OR MEMBERSHIP (Complete Section A)	UPDATE CON INFORMAT (Complete Secti	ION		OLD REQUEST omplete Section C)		MEMBERSHIP RENEWAL (Complete Section D)
CHANGE DRAFT INFORMATION	OR MEMBERSHIP	TYPE				
☐ Circle one:	EFT (At	ttach voided check)	VISA M	ASTER CARD	DISCOVER	
Name on Cr	redit Card:					
Credit Card	l Number:				Exp:	
☐ Change mem	nbership from			то		
ADD OR D	DELETE		DO	В:		M OR F
ADD OR D	DELETE		DO	B:		M OR F
NEW ADDRESS/PHONE/EMAIL C	OR CHANGE OF NAM	ME INFORMAT	TION			
□ NEW ADDRESS	:					_
	IUMBER/EMAIL:					
☐ CHANGE OF NA	AME:					
MEMBERSHIP HOLD						
As an accommodation to our	members, the YMCA ha	as made provisio	ns for memb	erships to be p	laced on a tem	porary hold.
Please note and initial the fo	llowing:					
1. I understand m	ny membership can be place	ed on hold for a ma	ximum of thre	e (3) months per c	alendar year.	
2. I understand m	ny hold request must be tur	rned in a minimum	of ten (10) day	s prior to draft da	ite to allow proce	essing.
	ny draft will resume as sche	•	•			
4. I understand if	I wish to cancel, I must giv	ve thirty (30) day v	vritten notice <u>t</u>	<u>pefore</u> my hold per	iod ends.	
l agree to hold my monthly	y auto-draft for		.,	, _		•
Reason for Hold: (Check one)	☐ Monetary ☐ So	chool	□Work		□Vacat	tion Other
MEMBERSHIP RENEWAL						
	CIV MONTH MEMB	EDELLID O	A NINII I A I A	AFMRERGIUR		OL A DELLID
RENEWING:	SIX MONTH MEMBI			MEMBERSHIP		OLARSHIP
···· Schola	rship Participants: If you	have new draft in	formation, ple	ase complete Sec	tion A.	
CHANGE AGREEMENT SIGNATU	JRE					
I HEARBY REQUEST MY MEMBERSHIP AT THE TO MY DRAFT DATE IN ORDER TO MAKE A REFLECLTED IN THE NEXT DRAFT DATE. IH.	NY CHANGES TO MY AUT	TOMATIC PAYMEN	T. I UNDERST	AND UPGRADES/I	DOWNGRADES IN	

PRIMARY MEMBER SIGNATURE

## **MEMBERSHIP CANCELLATION**

IAME:		RMATIO					
						DATE:	
ADDRESS:							
RIMARY PHONE NU	MRED. ( )			ET, CITY, ZIP			
RIMART PHONE NO	MBER: ( )						
NEMBERSHIP TYPE:	☐ TEEN/YOUT	Н		□но	USEHOLD		□AOA COUPLE
EASON FOR CANCEL: _							
RATE US!							
	Excellent	Good	Fair	Poor	N/A	Would you consider	rejoining?
ustomer Service						☐ YES ☐ NO	d us to friends/family?
acility Cleanliness							a us to friends/family?
lasses Offered						Comments:	
quipment							
rograms Offered							
YOUR MEMBERSHIP PARTY SELECT THE FOLL	OWING EMPLOYEI	RS WE CUF	RRENTLY PART	TNER WITH:	□ YES  COUNTY BO  my members		
S YOUR MEMBERSHIP P.  YES, SELECT THE FOLL  he completion of this form MCA to stop drafting my a mployer to stop payroll de	AYROLL DEDUCTE OWING EMPLOYEI TENNECO  n represents my writecount for my monteductions. I understa	RS WE CUR HTC  ten thirty (	RRENTLY PART FABRITEX 30) days notice ship payments.	TNER WITH: HART to terminate	COUNTY BO my membersl if I am a corp	OC RTS PACKAGII  hip at the YMCA of Georgion or at the member, it is my res	a's Piedmont. I hereby reque ponsibility to follow up with
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