



Staff _____

DOW BAY AREA FAMILY YMCA

MEMBERSHIP CHANGE FORM

Date: _____ Member Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check if new address, new phone number, new email, or name change

Type of Change

Membership Type: From _____ to _____

Upgrade Downgrade Amount Paid: \$ _____ Joining Fee Prorate \$ _____

New Monthly Rate: \$ _____

Credit Card Cash Check Payment covers period from _____ to _____

Bank/Account #: _____ Last draft date from old account will be: _____

I hereby authorize the Dow Bay Area Family YMCA to debit my account indicated above. I understand that the debit will be initiated on the due date shown below. This authority is to remain in effect for one year from the date of this agreement. After that the Dow Bay Area Family YMCA will continue debiting my account on a month-by-month basis.

FAMILY MEMBERS:

Name (last name if different)	Relationship to Member	DOB	Gender	Add	Delete	Email Address
			M F			
			M F			
			M F			
			M F			
			M F			

It is my complete understanding that in order to change my membership, I must give the Dow Bay Area Family YMCA a 14-day written notice in advance of withdrawal.

Signature: _____ Date: _____

OFFICE USE ONLY	
Completed By: _____	Payment Amount: \$ _____