

YMCA of Calhoun County

Membership Update Form

Member Name: _____ Phone: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

Please change my membership type to the following:

Adult Family Student Youth Sr. Adult Sr. Couple Single Parent Household

The following persons (qualifying spouse or dependents who you list on your tax returns) will be added to my membership as indicated above. I understand my new rate will be \$ _____, effective the next draft date.

Name	Date of Birth	M/F	Relationship

Please change my billing method to the following:

Checking Savings Credit Card

Name as it appears on account Routing # Account # Exp. Date Sec. Code

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Please change my membership status to the following:

Hold Medical or Temporary relocation only (minimum of 90 days/ \$10 charge per month)

Terminate (please indicate reason below) Facility usage will end _____. Last draft will be _____

Medical No longer employed Personal Finances Switching to another facility- (where) _____

This is my 30 day written notice of intent to make the above stated changes to my Membership/Account information.
I understand the **YMCA is not responsible for any drafts that are incurred during the 30 day period.**

X _____ X _____

Member Signature

Date

Member Care Staff: _____ Reviewed updated information with Member. Date: _____

Unit ID# _____ Branch: Anniston Oxford Membership Type: _____

Admin Asst: _____ Date: _____