



GREATER VALLEY YMCA Change Form

Member ID: _____
Date Received: _____ Staff: _____
Date Processed: _____ Staff: _____

Membership Change Type:

- Termination
- Adding /Deleting Member(s)
- Change in monthly payment information
- Changing Membership Type from _____ to _____

PLEASE PRINT

Today's Date: _____

Primary: First Name _____ MI _____ Last Name _____

Gender: M ___ F ___ Date of Birth: ___/___/___ Email Address: _____

Address: _____ Apt # _____

City _____ State _____ Zip Code: _____ Primary Phone: _____

Adding or Deleting Members

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____ Add or Delete

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____ Add or Delete

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____ Add or Delete

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____ Add or Delete

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____ Add or Delete

Member Full Name: _____ Birthdate: ___/___/___ Gender M ___ F ___

Relationship to Primary: _____ ID: _____ Add or Delete

**** All members on the membership MUST reside at the same address. Proof of residency by valid photo ID required (adults 18 and over) ****

I understand that this change may take up to 15 days to take effect.

Primary Member Signature: _____ Date: _____

BANKING AND TERMINATION INFORMATION ON THE REVERSE SIDE

TERMS AND CONDITIONS

The Greater Valley YMCA reserves the right to revoke the membership privilege of any person who does not adhere to facility policies, misuses any YMCA property or who engages in conduct which is abusive, illegal, disruptive or poses a threat to the safety of others.

GREATER VALLEY YMCA Termination

To cancel your membership, please **COMPLETE and SIGN** this section. Incomplete forms will not be processed. Membership termination requires **15 days** notice.

Please terminate my membership due to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> No longer enrolled in Child Care | <input type="checkbox"/> Hours of Operation |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Lost motivation | <input type="checkbox"/> Financial Reasons |
| <input type="checkbox"/> Too Busy/not enough time | <input type="checkbox"/> Equipment Availability | <input type="checkbox"/> Check here if you would like more information on our Financial Assistance program. |
| <input type="checkbox"/> Joined another facility | <input type="checkbox"/> Stop for Summer/Winter | |

Please rate each category on a scale of 1 to 5 with 5 being excellent:

- | | | |
|-----------------------------------|--------------------------------|-----------------------------------|
| Cleanliness of the facility _____ | Facility Security/Safety _____ | Hours of Operation _____ |
| Information Availability _____ | Overall Membership Value _____ | Quality/Variety of Programs _____ |
| Staff Friendliness _____ | Staff Knowledge _____ | Equipment/Maintenance _____ |

Signature of Member/Legal Guardian: _____

Date: _____

CHANGES TO BILLING INFORMATION/DRAFT AUTHORIZATION

BANK DRAFT

CREDIT CARD DRAFT

**STAPLE COPY OF
VOIDED CHECK
HERE.**

Name on Card: _____

Card Type : _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

ITEM TO BE DRAFTED

AMOUNT

Membership Type : _____ \$ _____

Locker Rental: _____ \$ _____

Other: _____ \$ _____

I hereby authorize the Greater Valley YMCA to initiate and continue auto transactions to my account as indicated above. I understand that there is a minimum 3 month membership commitment and the I must submit a 15 day written notice to cancel my membership and associated billing.

Account Holder Signature: _____

Date: _____

If this form is received within 15 days of your scheduled draft date, there may be a final draft of your account.

Greater Valley YMCA Change/Termination Receipt

Date Submitted: _____ **Staff Initials:** _____ **Member Name:** _____

It is my understanding that it will require 15 days for my draft to be cancelled/updated, and there might be one final draft on my account. Your receipt of this form is proof you have cancelled/changed your draft with the Greater Valley YMCA. The YMCA will not give refunds without this receipt. Membership cannot be cancelled until the end of the class or program in which you are enrolled.