

Home Center \_\_\_\_\_ Person ID \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_ Company Representative \_\_\_\_\_

Last Name	First Name	Middle Name	Birthdate	Draft Date (choose one): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup>	Invoice Term (end date)
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<b>Type of Change:</b> <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Email <input type="checkbox"/> Membership Type <input type="checkbox"/> Account	<b>Name Change:</b> Previous _____ Current _____
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<b>Current Address:</b> Street Address _____ Apt. # _____ City _____ State _____ Zip _____
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Phone: Home _____ Work _____ Cell _____	<b>Email Change:</b> Current _____
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<b>Membership Type:</b> (your monthly membership fee will reflect this change)	Category (i.e. One to One Plus) _____	From _____ To _____	Monthly Rate/Subsidy (if applicable) _____	From _____ To _____
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### Additional Adult Information

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone	Preferred E-mail	Employer
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone	Preferred E-mail	Employer
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone	Preferred E-mail	Employer

### Dependent Information

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Phone

<b>Account Change:</b> <input type="checkbox"/> New Bank Account/Credit Card (Please complete an Authorization for Electronic Payment form.)	<input type="checkbox"/> Invoice to Bank Draft (Please complete an Authorization for Electronic Payment form.)	<input type="checkbox"/> Change Draft Date (Specify new date: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> ) <i>Prorated fee may occur and be due at time of change.</i>	<input type="checkbox"/> Draft to Annual Invoice (include payment)
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- The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive notice at least four weeks prior to any such change.
- Membership cards remain the property of the YMCA and must be surrendered upon demand of that institution.

***!! understand that it may take up to 30 days for the change(s) to take effect.***

Member or Company Representative Signature _____	Date ____/____/____	Staff Signature _____
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