



# ELKINS-RANDOLPH COUNTY YMCA

## MEMBERSHIP UPDATE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Change Membership Type

Current: \_\_\_\_\_ to \_\_\_\_\_

Your new monthly membership rate will \$ \_\_\_\_\_ and will begin \_\_\_\_/\_\_\_\_/\_\_\_\_.

Change Family Information

	Name	Date of Birth	Gender
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U

Change Draft Date

Current: 1<sup>st</sup>/15<sup>th</sup>

New: 1<sup>st</sup>/15<sup>th</sup>

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hold Membership Status

Place membership on hold

- Holds start the next billing period; maximum 3 months then original billing method will resume

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Early Return from Hold | Prorate Amount: \$ \_\_\_\_\_

Change Payment Method

Change Bank Information for Automatic Draft

Attach copy of voided check

Change Credit Card for Automatic Draft

Last 4 digits of c/c \_\_\_\_\_

Terminate Membership

Cost

Drop for Summer/Winter

Equipment

Hours of Availability

Medical Reasons

Relocation

Switching to Another Facility

No Longer Using

1) Cancellations take effect the next full monthly billing period after the YMCA receives written notice of your intention to cancel your membership. This may result in one final draft on your account.

2) If you decide to rejoin the YMCA in the future, and your membership has lapsed more than thirty days, you will be required to pay a \$25.00 joiner's fee.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_