

GRAND TRAVERSE BAY YMCA MEMBERSHIP CHANGE FORM

	CURRENT PRIMARY MEMBER INFORMATION									
ADULT	Legal First Name	M.I.	Legal Last Name	🛱 Birthdate	Gender	Nickname	Primary Phone #			
Street Addres	is s	City	Sta	ate Z	l lip	💌 Email				

WHAT WOULD YOU LIKE TO CHANGE?

NEW MEMBER INFORMATION													
A	DULT	New First Name		M.I.	New Last Name	Birthda	te	Gender	New Nicknam	e		📞 New Phor	ie #
n New Street Address New City State							N	New Zip 🕿 New Email					
D E	Legal First	: Name	M.I.		Legal Last Name		⊞ Bir	thdate		Gender	Add/R	emove from a	count?
P E N	Legal First Name M.I. Legal First Name M.I. Legal First Name M.I. Legal First Name M.I.			Legal Last Name		凿 Birthdate			Gender Add/R		emove from account?		
D Legal First Name			M.I.		Legal Last Name	jal Last Name		🛱 Birthdate		Gender	Add/Remove from account?		count?
T S	Legal First	rst Name M.I. Legal		.egal Last Name		🛱 Birthdate		Gender	Add/Remove from account?		count?		
MEMBERSHIP TYPE LOCATION													
	(Select new membership type) (Select new location)												
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	Π outh	∎ Young Adul	+ Δ <i>ι</i>	UU Jult	Adult Couple	Family	T	II Senior	ll Senio	r Couple			
	es <18	Ages 18-25		26-59	Ages 18+, married	Adult(s) + ki		Age 60+	Both m	embers age			
					or living in same household	living in sar houseshou				60+			
UPGRADE NOTICE (Only applicable for upgrades, not downgrades)													
*If you are upgrading a membership there will be a pro-rated membership fee due. Additionally, there will be a pro-rated joiner fee due for the difference between your original joiner fee and the amount of the joiner fee on your upgraded account, unless you joined during a promotional time period. You may choose to have it drafted on your next draft date or pay the balance on your account once the change has been made to your membership. Please indicate which method you would like below.													
Charge on next draft date Charge balance to my account													
BANK INFORMATION CHANGES													
Credit/Debit card type Name on card			CC #						Exp. date		CID		
Name	e on bank a	count		Full nam	e of bank	Transi	t #		Routing #		Accoun	ıt #	
I hereby authorize the Grand Traverse Bay YMCA to debit my account indicated above. It is my understanding that in order to change my membership, I must give the YMCA a 30-day written notice. I also understand that when changing my membership that involves an extra fee or pro-rated amount, that it will be drafted on my next draft date or placed as a balance on my account to be paid off immediately. For a membership set up as a monthly draft, I understand the Grand Traverse Bay YMCA will continue to draft my account on a month-to-month basis according to the membership I have indicated. Should my bank for any reason not honor any debit, I am responsible for the payment and any additional fees or penalties incurred by my bank or financial institution. I understand it is my responsibility to notify the YMCA in writing should I change financial institutions, get a new card, and/or make changes to my account at any time.													
l authorize the above changes to my account.								,	STAFF USE ONLY				
Signature:						Date:				Staff member who submitted this form:			
Changes go into effect on this date:										<u> </u>			