



MEMBERSHIP ID # \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

Name Change to: LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

PLEASE VERIFY:

Emergency Contact Person: \_\_\_\_\_

Emergency Phone# \_\_\_\_\_

Contact Relationship \_\_\_\_\_

PLEASE CHECK TYPE OF CHANGE:

Change From Draft To Invoice

Cash Payment Options: Prepayment due on the 1st, choose  3 months  6 months  annual

Change From Invoice To Draft

NAME ON CARD / ACCOUNT: \_\_\_\_\_

CREDIT  DEBIT CARD

CHECKING  SAVINGS

Card Type:  Discover  MasterCard  Visa  American Express

BANK: \_\_\_\_\_

CARD NUMBER: SCANNED NEED LAST 4 DIGITS \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ROUTING NUMBER LAST 4 DIGITS \_\_\_\_\_

ACCOUNT NUMBER LAST 4 DIGITS \_\_\_\_\_

Change Membership Type:

Change Type From \_\_\_\_\_ to \_\_\_\_\_

Collect difference on joiners fee [\$25 HS • \$25 Young Adult • \$50 Adult • \$75 Family] \$ \_\_\_\_\_

NEW Membership Rate \$ \_\_\_\_\_

\_\_\_\_ Add Towel Service  Individual  Household  Draft same date as membership \$ \_\_\_\_\_

\_\_\_\_ Add Locker Rental Locker # \_\_\_\_\_  Draft same date as membership \$ \_\_\_\_\_

\_\_\_\_ Add Kid Zone to individual adult membership  Draft same date as membership \$ \_\_\_\_\_

\_\_\_\_ Add Adult(s) to Family/Household Membership  Draft same date as membership \$ \_\_\_\_\_

\_\_\_\_ Add, Other \_\_\_\_\_  Draft same date as membership \$ \_\_\_\_\_

TOTAL MEMBERSHIP - DRAFT WILL NOW BE: \$ \_\_\_\_\_

MONTHLY DRAFT

>>> PLEASE SELECT YOUR MONTHLY DRAFT DATE:  1st  15th  20th

PREPAID ANNUAL MEMBERSHP

>>> ANNUAL DUE DATE: \_\_\_\_\_

HOLD Membership Choices

Medical Hold (see membership director)

Temporary Hold (\$13 month)  30  60  90 days

Total 90 Days maximum request per calendar year.

At end of hold, billing will automatically restart.

CHANGE HOUSEHOLD ADDRESS:

STREET CITY STATE ZIP

HOME PHONE CELL PHONE

EMAIL

**FAMILY / HOUSEHOLD MEMBERSHIP INFO - includes 2 adults and dependents at the same address  
More adults at this address than the initial 2 adds \$20/monthly each to the fee \*\***

Table with 6 columns: Adult Age 25+, Age 24 or younger, First Name, Last If Different, Birth Date, Gender M or F, Email. The table contains 10 empty rows for data entry.

Explain why these were not included on the original membership application?  
  
What has changed?

**\*\* Fair Share Membership (Financial Aid)**  
**If your monthly membership rate is currently based on financial assistance:**  
**We will also need to see the tax returns for anyone age 25 or older being added to this membership and revisit the fair share charts for your new rate, in addition to adding the extra monthly fee for the adult(s).**

I hereby authorize the YMCA of Saginaw to debit my account indicated above in advance. I understand that the debit will be initiated on the due date shown above. The YMCA of Saginaw will continue debiting my account on a month-by-month basis. Should my bank or credit card, for any reason not honor any debit I am responsible for the payment, plus a service charge of \$25. I agree to the terms outlined in this contract. I understand if my account becomes delinquent I will be responsible for costs incurred to collect this account such as, but not limited to, collection agency fees, attorney fees, court costs, etc.

Should I decide to cancel my membership, I will complete a termination form at the YMCA. At that time, I will be charged all past due balances and if it is before completing one year, I will also be charged a termination fee equivalent to one month membership fee. I agree that if for any reason I wish to change the status of my membership at any time from the date of the agreement, my membership must be in good standing and I must give the YMCA written notice 7 days in advance of my DRAFT date. I understand that the YMCA of Saginaw reserves the right to adjust membership rates as necessary.

Signature: \_\_\_\_\_  
Parent signature if under age 18

Date: \_\_\_\_\_

STAFF NAME: \_\_\_\_\_