



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHANGE OF INFORMATION FORM

YMCA OF SAGINAW

Member ID: _____ Date: _____

First Name: _____ Last Name: _____

MEMBER

Prefix	First Name	M	Last Name	Date of Birth	Gender	Phone
Home Address			State	City	Zip Code	

A. CHANGE PAYMENT INFORMATION OR MEMBERSHIP TYPE

Name on Account	Choose Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank	Choose Payment Option: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Routing Number	Account Number

Payment due on the 1st of each month

Choose Membership Type:	<input type="checkbox"/> Program (Ages 7-17) <input type="checkbox"/> Adult (Ages 24+) <input type="checkbox"/> Men's Athletic Center Family (2 Adults & Dependents) <input type="checkbox"/> Student Athlete (Ages 14-17) <input type="checkbox"/> Men's Athletic Center (Ages 19+) <input type="checkbox"/> Young Adult (Ages 18-24) <input type="checkbox"/> Family (2 Adults & Dependents) <input type="checkbox"/> Donor			
Choose Membership Category:	<input type="checkbox"/> SilverSneakers <input type="checkbox"/> Silver & Fit <input type="checkbox"/> Renue Active <input type="checkbox"/> Employer Wellness <input type="checkbox"/> Other			
Choose Add-Ons:	<input type="checkbox"/> Locker Rental <input type="checkbox"/> Kid Zone <input type="checkbox"/> Towels <input type="checkbox"/> Donation			
<input type="checkbox"/> Add <input type="checkbox"/> Remove	First Name	Last Name	Date of Birth	Gender
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				

B. NEW CONTACT INFORMATION

Prefix	First Name	M	Last Name	Date of Birth	Gender	Ethnicity
Home Address			State	City	Zip Code	
Home Phone		Cell/Other Phone		Primary Email		
Emergency Contact Name		Relationship		Phone Number		

C. MEMBERSHIP HOLD

As an accommodation to our members, the YMCA has made provisions for memberships to be placed on a temporary hold. Please Note and Initial the following:	<ol style="list-style-type: none"> I understand that my membership can be placed on hold of a maximum of three (3) months per calendar year. I understand that my account will not be drafted during the dates specified. The YMCA will automatically draft my account when membership hold ends. Please note that members receiving Financial Assistance are unable to put their membership on Hold.
Reason for Hold:	<input type="checkbox"/> Medical <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Relocation <input type="checkbox"/> Financial <input type="checkbox"/> Other
The months I want on hold are:	
My membership will automatically restart on:	



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D. STOP YOUR MEMBERSHIP

Please note the following:

1. Your cancellation will occur at the end of your current monthly membership cycle.
2. Dues that have already been drafted are not available for refund.
3. You are responsible for all past due fees on the account and if the membership is stopped before completing 12 months of dues, you will also be charged an early term fee equivalent to your monthly membership fee.
4. If you choose to rejoin the Y at a later date, you may be charged a join fee and may need to complete a new membership application and/or fair share request.

Reason for Cancellation:

Leave a comment here:

We strive for an excellent customer experience. Do you have a recommendation or comment you would like to share:

Leave a comment here:

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 up to \$30. 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 stop membership form at the YMCA. At that time, I am responsible for all past due fees on account 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. **All memberships stopped before completing 12 months of dues are subject to an early term fee. Your early term fee is _____.**

Member Signature _____

Staff Initial _____

Date _____