

# CHANGE FORM

## WALLINGFORD FAMILY YMCA MEMBERSHIP & DRAFT MODIFICATION FORM

FOR STAFF USE ONLY

STAFF \_\_\_\_\_ DATE \_\_\_\_\_

UPGRADE CHARGE \_\_\_\_\_

HOLD CHARGE \_\_\_\_\_

MEMBER ID # \_\_\_\_\_

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

BIRTHDATE \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**MEMBERSHIP HOLD (up to 3 months per calendar year no charge; each additional month \$10)**  
HOLDS MUST START ON THE FIRST OF THE MONTH AND ARE FOR FULL MONTH ONLY

Membership is on hold due to:

**MEDICAL**

**SUMMER/WINTER**

Membership will be on hold from \_\_\_\_\_ to \_\_\_\_\_

Monthly payments will resume on \_\_\_\_\_

**MEMBERSHIP INFORMATION CHANGE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ST \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**ADDITIONAL MEMBERS**

NAME	BIRTHDATE	M/F	RELATIONSHIP		
2)				ADD	DELETE
3)				ADD	DELETE
4)				ADD	DELETE
5)				ADD	DELETE

**MEMBERSHIP TYPE CHANGE**

Membership type will change from \_\_\_\_\_ to \_\_\_\_\_

Monthly rate will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_

UPGRADE prorate fee for remainder of month \$ \_\_\_\_\_

**(Downgrades or holds requested on or before the 10<sup>th</sup> of the month will take effect the next draft)**

I agree to have my account automatically drafted in the amount of \$10 per month after the first three months of membership hold. (Draft form required.)

I prefer to pay the full amount for the hold at this time. I understand that this fee is non-refundable.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_