



STEPHENS FAMILY YMCA

## CHANGE FORM

\_\_\_\_ Check if Employee

**This form must be turned in by the 13th of the month to put your membership on hold or terminate or make any change to the draft on the 14<sup>th</sup>.**

MEMBER NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

YMCA UNIT ID# \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_ UPGRADE \_\_\_\_ DOWNGRADE

**FROM:** \_\_\_\_ 1 Adult \_\_\_\_ 2 Adult \_\_\_\_ Single Parent Family \_\_\_\_ Household \_\_\_\_ Student

**TO:** \_\_\_\_ 1 Adult \_\_\_\_ 2 Adult \_\_\_\_ Single Parent Family \_\_\_\_ Household \_\_\_\_ Student

\_\_\_\_ Add Additional Adult to Household Only (Limit 2 - **\$20 each mo**)

(must furnish residency verification before becoming active)

\_\_\_\_ Add \_\_\_\_ Delete NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ M / F Race \_\_\_\_\_

\_\_\_\_ Add \_\_\_\_ Delete NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ M / F Race \_\_\_\_\_

\_\_\_\_ Add \_\_\_\_ Delete NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ M / F Race \_\_\_\_\_

\_\_\_\_ Add \_\_\_\_ Delete NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ M / F Race \_\_\_\_\_

*If Upgrade, add new members, make those specific members active. Do nothing to status or member type.*

### \_\_\_\_ FINANCIAL INFORMATION CHANGE

*(**EDIT** current information Daxko)*

\_\_\_\_ Credit Card \_\_\_\_ VISA \_\_\_\_ MC \_\_\_\_ DISC \_\_\_\_ AE Last Four Digits \_\_\_\_\_

\_\_\_\_ EFT Attach Voided Check

### \_\_\_\_ PERSONAL INFORMATION CHANGE *(Make ALL changes in Daxko)*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_ **HOLD** You are allowed to put your membership on hold for a total of 4 months per calendar year with a hold fee of \$8/month. Member Services will collect Hold fees upon receipt of this form.

From \_\_\_\_\_ 14<sup>th</sup> to \_\_\_\_\_ 13<sup>th</sup>  
month month

*I understand hold fees are non-refundable and that my draft will begin on the 14<sup>th</sup> of the month following my hold (Member must initial)*

\_\_\_\_ REMOVE FROM HOLD \_\_\_\_\_

### \_\_\_\_ TERMINATE – THIS FORM MUST BE TURNED IN PRIOR TO THE 13th OF THE MONTH

Terminate on (month) \_\_\_\_\_ 13<sup>th</sup> Annual Termination Date \_\_\_\_\_

Reason for termination \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_ NAME OF STAFF MEMBER \_\_\_\_\_

*Please Print*