



# YMCA OF LENAWEE COUNTY Change Form

Staff Only

Member ID: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRIMARY MEMBER (please print)

First Name	M	Last Name	DOB
Address			Phone

**Change of Contact Information**

Name	Address	Email	Phone
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## CHANGE REQUEST

**A. Change Membership**    **B. Bank Information**    **C. Hold Request**    **D. Cancellation**

### A. CHANGE MEMBERSHIP

First Name	Last Name	DOB	Gender	Relationship	Add	Remove
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Annual Household Income**

Over \$65,000    \$50-64,999    \$35-49,999    less than \$34,999

### B. BANK INFORMATION

**Membership**    **Child Care**    **Programs**    **Swim Team**

Name on Account/Credit Card	Credit Card Number	Expiration Date
Checking/Savings Routing Number	Account Number	

Staff Section: Scanned  Update Last 4 Digits: \_\_\_\_\_

### C. HOLD REQUEST

You're welcome to put your membership on hold, supporting documentation and approval is required to complete the request.

Reason for request:  Medical    Loss of job/Financial    Extended Travel (more than 60 days)    Other \_\_\_\_\_

Suspend Date: \_\_\_\_\_  
Resume Date: \_\_\_\_\_

### D. CANCELLATION

Reason for cancellation: \_\_\_\_\_

I understand a 30-day written notice must be provided and I will be responsible for final payment.

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

**I authorize the above request. Signature: \_\_\_\_\_ Date: \_\_\_\_\_**