



Membership Change Application

Contact Information

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Check each area that applies to your changes.

Change Membership

Change Membership Type To:

- Adult
- Family
- Senior
- Senior Family
- Young Adult
- Youth
- Walking

Add or Remove Genesis (circle one):

- Men's Genesis Add Remove
- Women's Genesis Add Remove

Add or Remove Family Members:

Name	DOB:	Add/Remove

By signing below, I understand that any membership changes submitted **after the 10th** of the month may not be effective until the following month. I approve the YMCA of Vincennes staff to make the changes specified on this form.

Signature: _____

Date: _____

Cancel Membership

Cancel Membership:

- Immediately
- Other Date: / /

Please let us know why you are cancelling:

- Moving
- Financial
- Other (please explain):
- Time
- Not Using

Change Pay Type

I have completed and signed the Electronic Transfer Funds Application
 Initials: _____

Hold Membership

Dates to suspend epay drafts:

From: / / To: / /

Memberships may not be put on hold for longer than six (6) months unless pre-approved by the Membership Director

Reason for hold:

- Medical
- Other (please explain):
- Military

NOTE: The epay draft will automatically resume at the specified date above.

Y Staff Only

Date Completed: _____

Staff Initials: _____