



YMCA Membership Change & Hold Form

Name: _____ Date: _____

Current Address: _____

Primary Phone: (____) ____ - _____ Date of Birth: _____ Employer: _____

Please Check One:

- Payment Information or Membership Type (Complete Section A)
- Update Contact Information (Complete Section B)
- Hold Request (Complete Section C)

A. Change Payment Information or Membership Type

Credit Card
16 Digit Number: _____ Exp Date: _____ CCV: _____

Bank Draft (Please circle: **Checking** or **Savings**)
Bank Name: _____ Account #: _____ Routing #: _____

Change Membership type form _____ to _____

- Please Circle:
- Add or Delete** _____ DOB: ____ / ____ / ____ M or F Relationship: _____
- Add or Delete** _____ DOB: ____ / ____ / ____ M or F Relationship: _____
- Add or Delete** _____ DOB: ____ / ____ / ____ M or F Relationship: _____
- Add or Delete** _____ DOB: ____ / ____ / ____ M or F Relationship: _____

*I understand that if the request to change the method of payment of membership type is made after the first of the month then the change will not take place until the following month.

B. New Contact Information

Change of Name: _____ New Phone Number: (____) ____ - _____

New Address: _____

Email: _____ Emergency Contact: _____

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:

- _____ 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: **Medical** **Seasonal** **Temporary Relocation** **Financial**

The months I want on hold are: _____, _____, and _____.

My membership will automatically restart on _____.

Member Signature _____ Date _____

Staff Initials _____ Date _____ Member Master ID _____

Our Mission: The YMCA of Southwestern Indiana Inc., following the example of Jesus Christ, responds to community needs by serving all people, especially youth, through relationships and activities that promote healthy spirit, mind, and body.