



ATHENS YMCA MEMBERSHIP CHANGE

PRIMARY ACCOUNT HOLDER: _____ DATE: _____

CURRENT ADDRESS: _____
STREET, CITY, STATE, ZIP CODE

PRIMARY PHONE NUMBER: (____) _____ - _____ DATE OF BIRTH: ____/____/____

CHANGE REQUEST

- DRAFT INFORMATION OR MEMBERSHIP TYPE** (Complete Section A)
 UPDATE CONTACT INFORMATION (Complete Section B)
 GIVING BACK (Complete Section C)

A CHANGE DRAFT INFORMATION OR MEMBERSHIP TYPE

DRAFT DATE: 15TH CHECKING SAVINGS Last 4 Digits of Account Number _____ Name of Bank _____

Bank Draft

Name of Bank Customer _____ Amount to be Drafted: \$ _____

I authorize my bank to honor pre-authorized drafts drawn by the YMCA for membership payments and/or contribution. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement. It is understood that my bank draft membership will be continuous until 30 days after written notification has been received by the YMCA. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made in the amount of said payment plus a \$30.00 service charge. If at any time there is to be a change, deletion or cancellation of my membership I will give the YMCA a written 30-day notice. Failure to do so will result in that month's draft being non-refundable. I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. A voided check or withdrawal slip is required with all bank draft applications. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

Signature of Account Holder Date mm/dd/yyyy

Credit Card Draft

Name on Credit Card: _____ Card Type: Visa MasterCard Discover

Credit Card Number: _____ Expiration Date: ____/____

Signature of Account Holder Date mm/dd/yyyy

Change membership type from _____ TO _____

Change Membership Type

ADD OR DELETE _____ AGE: _____ DOB: _____ M OR F

ADD OR DELETE _____ AGE: _____ DOB: _____ M OR F

ADD OR DELETE _____ AGE: _____ DOB: _____ M OR F

ADD OR DELETE _____ AGE: _____ DOB: _____ M OR F

Signature of Account Holder Date mm/dd/yyyy

B NEW ADDRESS/PHONE/EMAIL OR CHANGE OF NAME INFORMATION

NEW ADDRESS: _____

NEW PHONE NUMBER/EMAIL: _____

CHANGE OF NAME: _____

Signature of Account Holder Date mm/dd/yyyy

C GIVING BACK

The Y is a non-profit organization dedicated to social responsibility, youth development, and healthy living. Would you be interested in giving back to the community by rounding up your monthly dues?

Please choose from the following:

- Yes, by \$4/month
 Yes, Other \$ _____
 No Thanks

I understand and agree to the terms as stated above.

Signature of Account Holder Date mm/dd/yyyy

ATHENS YMCA MEMBERSHIP CANCELLATION

MAIN ACCOUNT HOLDER INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____
STREET, CITY, STATE, ZIP CODE

PRIMARY PHONE NUMBER: (____) _____ - _____ DATE OF BIRTH: ____/____/____

MEMBERSHIP TYPE: Adult Family Senior Senior Couple Men's Health Club Ladies Health Club Family Health Club

REASON FOR CANCEL: _____

RATE US!

	Excellent	Good	Average	Poor	N/A	Would you consider rejoining? <input type="checkbox"/> YES <input type="checkbox"/> NO
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facility Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you recommend us to friends/family? <input type="checkbox"/> YES <input type="checkbox"/> NO
Classes Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____ _____ _____ _____
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programs Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Met Your Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GIVING BACK

I also donate to the Y monthly. I would like to:

- Cancel the donation
 Continue the donation: \$4/Month Other \$ _____

PLEASE SIGN

Please cancel my membership to the Athens YMCA. I understand that I must give a written notice by the 10th of the month at 6:00 pm. I understand that if I re-join the Athens YMCA I will be required to pay the joining fee and regular rates. **I understand that there are no longer corporate discounts offered.**

PRIMARY MEMBER SIGNATURE

DATE MM/DD/YYYY

DATE ACCEPTED: _____ STAFF ACCEPTING: _____

STAFF TERMINATING MEMBERSHIP: _____

TERMINATION DATE: _____ NEXT PROCESS DATE: _____

DAXKO UNIT ID: _____

REQUEST COMPLETED? YES NO

COMMENTS: _____

FOR YMCA USE ONLY