

## ATHENS YMCA MEMBERSHIP CHANGE

PRIMARY ACCOUNT HOLDER:	DA	TE:
CURRENT ADDRESS:		
STREE	ET, CITY, STATE, ZIP CODE	
PRIMARY PHONE NUMBER: ()	DATE OF BIRTH:	//
IANGE REQUEST		
☐ DRAFT INFORMATION OR MEMBERSHIP TYPE	☐ UPDATE CONTACT INFORMATION	☐ GIVING BACK
(Complete Section A)	(Complete Section B)	(Complete Section C)
HANGE DRAFT INFORMATION OR MEMBER	SHIP TYPE	
EFT (Attach voided check)    DRAFT DATE: 15	TH CHECKING SAVINGS	
Last 4 Digits of Account Number	Name of Bank	
Name of Bank Customer  I authorize my bank to honor pre-authorized drafts drawn by the Y account and have the right to enter into this agreement. It is under been received by the YMCA. When the bank honors the draft by chaby said bank when received by them, it is understood that the paym to be a change, deletion or cancellation of my membership I will giv refundable. I understand that, if necessary, an adjusting debit or contact the draft applications. I acknowledge that the origination of ACH transactions.	stood that my bank draft membership will be continuous until 30 arging my account, such drafts constitute my receipt for the payinent is to be made in the amount of said payment plus a \$30.00 te the YMCA a written 30-day notice. Failure to do so will result redit entry may be made to correct an error. A voided check or w	y that I am an authorized signer of said O days after written notification has ment. Should any draft not be honored service charge. If at any time there is in that month's draft being non- vithdrawal slip is required with all bank
Signature of Account Holder	Date mm/dd/yyyy	
Change membership type from	то	
ADD OR DELETE	DOB:	M OR F
ADD OR DELETE	DOB:	M OR F
ADD OR DELETE	DOB:	M OR F
ADD OR DELETE	DOB:	M OR F
NEW ADDRESS/PHONE/EMAIL OR CHANGE	OF NAME INFORMATION	
☐ NEW ADDRESS:		
CHANGE OF NAME:		
GIVING BACK		
you be interested in giving back to the common Please choose from the following:  Yes, by \$4/month  Yes, Other \$	to social responsibility, youth development, a unity by rounding up your monthly dues?	and healthy living. Would
☐ No Thanks		
I understand and agree to the terms as s	stated above.	
Signature of Member	 Date mm/dd/yyy	

## ATHENS YMCA MEMBERSHIP CANCELLATION

Excellent Good Average Poor N/A Would you consider rejoining ustomer Service	AME:						DATE:	
EXCELLENT FOR CANCEL:    Excellent   Good   Average   Poor   N/A   Would you consider rejoining   Sensity   VES   NO   Nould you recommend us to   Sensity	DDRESS:							
EMBERSHIP TYPE:   Adult   Family   Senior   Senior Couple   Men's Health Club   Ladies Health Club   Family Health								
Excellent Good Average Poor N/A Would you consider rejoining ustomer Service	RIMARY PHONE NUMBE	/ PHONE NUMBER: (			D/	ATE OF BIRTH:///		
Excellent Good Average Poor N/A Would you consider rejoining ustomer Service	IEMBERSHIP TYPE: 🗆	dult   Family	/ □Senioı	- □Senior Co	uple $\square$ Me	n's Health	Club □Ladies Health Club □Family Heal	
Excellent Good Average Poor N/A Would you consider rejoining ustomer Service	EASON FOR CANCEL:							
would you consider rejoining stomer Service	RATE US!							
Stotomer Service   YES   NO   Would you recommend us to   friends/family?   yes   NO   YES   Y		Excellent	Good	Average	Poor	N/A	Would you consider rejoining?	
would you recommend us to friends/family? quipment	ustomer Service			_				
asses Offered   friends/family? quipment   YES   NO cograms Offered   Comments: aff   Governments	acility Cleanliness							
quipment	lasses Offered						•	
rograms Offered	quipment						•	
acilities	Programs Offered							
formation	Staff							
formation	acilities							
et Your Expectations  SIVING BACK  also donate to the Y monthly. I would like to:  Cancel the donation	afety							
et Your Expectations  GIVING BACK  also donate to the Y monthly. I would like to:  Cancel the donation	nformation							
also donate to the Y monthly. I would like to:  Cancel the donation	Net Your Expectations							
also donate to the Y monthly. I would like to:  Cancel the donation								
Cancel the donation	GIVING BACK	, , , , ,	l would	like to				
		monthly	. Would	iike to.				
Continue the donation:   \$\frac{1}{2} \pi_{\text{Month}} \text{Month} \text{U} \text{Other } \pi_{}	also donate to the Y	monthly.						
	also donate to the Y  Cancel the donation	•			.a. ¢			
LEASE SIGN	also donate to the Y Cancel the donation Continue the donation	•		□ Oth	ıer \$			
	also donate to the Y Cancel the donation Continue the donation PLEASE SIGN lease cancel my member	on: S4	1/Month Athens YA	MCA. I under	stand that	_	•	
onth at 6:00 pm. I understand that if I re-join the Athens YMCA I will be required to pay the building fund fee and	also donate to the Y Cancel the donation Continue the donation PLEASE SIGN Please cancel my member nonth at 6:00 pm. I unde	on: S4 rship to the A erstand that i	4/Month Athens YN if I re-joir	ACA. I under	stand that	II be requi	ired to pay the building fund fee and	
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**FOR YMCA USE ONLY**