

# YMCA of Mount Vernon Change/Hold Form

## PLEASE PRINT INFORMATION CLEARLY:

Primary Members Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Is this a corporate membership? YES NO Is your child currently enrolled in any youth programs? YES NO

## CHANGE BILLING METHOD

I wish to update and/or change my billing method for future or scheduled payments to:

- Credit Card last 4 digits ending in: \_\_\_\_\_
- Checking/Savings Account: Provide voided check

I wish to update for the following areas:

- Membership Dues
- Child Care Payments
- Youth Program Fees

## CHANGE MEMBERSHIP TYPE

I wish to make the following change to my membership:

\*Upgrades will take effect immediately and the price difference will be prorated for the remaining month.

\*Downgrades will take effect on the next billing cycle.

- Upgrade from: \_\_\_\_\_ membership to \_\_\_\_\_ membership. My new monthly dues will be: \$ \_\_\_\_\_
- Downgrade from: \_\_\_\_\_ membership to \_\_\_\_\_ membership. My new monthly dues will be: \$ \_\_\_\_\_
- Switch from a Senior/Senior Couple Membership to Silver Sneakers.

Family change information (circle if you are adding or removing):

ADDING or REMOVING

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_ M or F  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_ M or F  
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Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_ M or F  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_ M or F

## HOLD MEMBERSHIP

As an accommodation to our members, the YMCA has made provisions for memberships to be placed on a temporary hold. Hold's are effective at the start of a members billing cycle (1st of the month).

Please note and initial the following:

\_\_\_\_\_ I understand that my membership can be placed on hold for a maximum of three (3) months per calendar year.

\_\_\_\_\_ I understand that there is a \$10 hold fee to put my membership on hold.

\_\_\_\_\_ My fees will not be deducted during my hold and will automatically start drafting again 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 Please Initial: Effective Date of Change: \_\_\_\_\_ Changed in Daxko: \_\_\_\_\_ Hold Fee Collected: \_\_\_\_\_