



HOLD/CHANGE FORM

YMCA OF MOUNT VERNON

PLEASE PRINT INFORMATION CLEARLY:

Primary Members Name: _____ Phone: (____) _____

Home Address: _____ Email: _____

Is this a corporate membership? YES NO

Is anyone on your membership enrolled in a program at the member rate? YES* NO

*If yes, you must either keep your membership active through the end of the program or non-member pricing will be applied and the difference charged to the card on file.

CHANGE BILLING METHOD:

I wish to update and/or change my billing method to the following:

- Credit Card (last 4 digits): _____
- 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 will be prorated for the remaining month. Downgrades will take effect for the next billing cycle.

- Upgrade from: _____ to a _____ membership.
- Downgrade from: _____ to a _____ membership.
- Switch from a Senior/Senior Couple Membership to a membership covered through my Health Insurance.

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
Name: _____	Birthdate: _____	Phone #: _____	M or F
Name: _____	Birthdate: _____	Phone #: _____	M or F
Name: _____	Birthdate: _____	Phone #: _____	M or F

HOLD MEMBERSHIP: As a service to our members, the YMCA allows memberships to be placed on a temporary hold. Holds 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 the 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's Signature (If under 18 - parent/guardian signature) _____ Today's Date _____

STAFF USE ONLY (Please initial):

Staff Name: _____ Entered into Daxko: _____ Hold Fee Collected: _____