



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of Mount Vernon Membership Change and Hold Form

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

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

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 to the following:  
*\*Changes will take effect for the next billing cycle.*

Change billing method to: Credit Card last 4 digits ending in: \_\_\_\_\_ Checking/Savings Account: *Provide voided check*

**CHANGE MEMBERSHIP TYPE** I wish to make the following change to my membership:  
*\*Upgrades will take effect immediately and the membership rate difference will be prorated for the remaining month.*  
*\*Downgrades will take effect for the next billing cycle.*

- Upgrade from: \_\_\_\_\_ to a Family Membership. *New monthly rate: \$65 \_\_\_\_\_ (Initial)*
- Upgrade from: \_\_\_\_\_ to a One-Parent Family Membership. *New Monthly rate: \$60 \_\_\_\_\_ (Initial)*
- Upgrade from: \_\_\_\_\_ to a Senior Couple Membership. *New monthly rate: \$60 \_\_\_\_\_ (Initial)*
- Downgrade from: \_\_\_\_\_ to an Adult Membership. *New Monthly rate: \$45 \_\_\_\_\_ (Initial)*
- Downgrade from: \_\_\_\_\_ to a Senior Membership. *New monthly rate: \$40 \_\_\_\_\_ (Initial)*
- Downgrade from: \_\_\_\_\_ to a Young Adult Membership. *New Monthly rate: \$25 \_\_\_\_\_ (Initial)*
- Downgrade from: \_\_\_\_\_ to a Youth Membership. *New monthly rate: \$21 \_\_\_\_\_ (Initial)*
- Switch from a Senior/Senior Couple Membership to Silver Sneakers.

**Family change information:**

- ADD  DELETE \_\_\_\_\_ DOB \_\_\_\_\_ M or F
- ADD  DELETE \_\_\_\_\_ DOB \_\_\_\_\_ M or F
- ADD  DELETE \_\_\_\_\_ DOB \_\_\_\_\_ M or F

**HOLD MEMBERSHIP** I wish to put my membership on hold:  
*\*Holds will take effect the following month and cannot last longer than 3 months.*  
*\*A \$10 hold fee is due at the time the form is submitted.*

Hold Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hold End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF USE ONLY:** Staff Name \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_ Changed in Daxko: \_\_\_\_\_