

YMCA of Mount Vernon Change/Hold Form

Upgrading your membership will take effect immediately and payment will be prorated for the remaining month.
Downgrading your membership or putting it on hold will take effect the next month at the start of your billing cycle.

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 to the following:

- 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 price 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: \$70 ____ (Initial)
- Upgrade from: _____ to a One-Parent Family Membership. New Monthly rate: \$65 ____ (Initial)
- Upgrade from: _____ to a Senior Couple Membership. New monthly rate: \$65 ____ (Initial)
- Downgrade from: _____ to an Adult Membership. New Monthly rate: \$48 ____ (Initial)
- Downgrade from: _____ to a Senior Membership. New monthly rate: \$43 ____ (Initial)
- Downgrade from: _____ to a Young Adult Membership. New Monthly rate: \$28 ____ (Initial)
- Downgrade from: _____ to a Youth Membership. New monthly rate: \$24 ____ (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.

Reason for Hold: Medical School Seasonal Hold Travel Other: _____

Hold Start Date: ____/____/____ Hold End Date: ____/____/____

Member Signature _____ Date _____

STAFF Please Initial: Effective Date of Change: _____ Changed in Daxko: _____ Hold Fee Collected: _____