

# 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 (circle if you are adding or removing):

ADDING or REMOVING

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

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### 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: \_\_\_\_\_