

Change of Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Membership changing from: _____ Rate: _____

Type of Membership changing to: _____ Rate: _____

Form of Payment: _____ Bank Draft _____ Payroll Deduction _____ Paid in Full

Additional people that need to be added to my membership:

Last Name	First Name	Date of Birth	Gender	School/Employer

I authorize the appropriate changes to be made by the Hensel Eckman YMCA.

Signature: _____

For Office Use Only

YMCA Representative: _____

Date Changed in Computer: _____