CHANGE AGREEMENT

YMCA AT PABST FARMS
1750 E. Valley Road, Oconomowoc, WI 53066
262-567-7251, memberservices@oconymca.org

WATERTOWN AREA YMCA
415 South Eighth St., Watertown, WI 53094
920-262-8555, memberservices@watertownareaymca.org

MEMBER ID # _____

PRIMARY MEMBER INFORMATION

First_____ **Last**_____ **M.I.** _____ **D.O.B.** _____

Phone # _____ **Cell Phone #**_____ **E-mail** _____

Address_____ **City** _____ **State**_____ **Zip**_____

❑ **Address/Phone Change Only** ❑ **Name Change Only** ❑ **New Banking Info Only**

MEMBERSHIP CATEGORY CHANGE

From: ❑ **Household** ❑ **Adult** ❑ **Young Adult** ❑ **Youth/Teen** ❑ **Staff** ❑ **Corp** ❑ **Senior**

To: ❑ **Household** ❑ **Adult** ❑ **Young Adult** ❑ **Youth/Teen** ❑ **Staff** ❑ **Corp** ❑ **Senior**

ADD OR DELETE MEMBERS:

ETHNIC BACKGROUND: (Please use number codes below where applicable)

1 American Indian or Alaska Native, 2 Asian/Pacific Islander, 3 Black/African American , 4 Caucasian, 5 Hispanic/Latino , 6 Other

NAME (LAST, IF DIFFERENT)	BIRTHDATE	GENDER	RELATIONSHIP TO PRIMARY	ETHNIC CODE (OPTIONAL)	ADD/DELETE

CHANGED MEMBERSHIP PAYMENT INFORMATION

New Membership Type

_____

❑ **Change Processed in CCC**

OR

❑ **Request Billing to Process**

❑ **Bank Draft**

Bank Draft Date _____

Bank Draft Amount $_____

OR

☐ **Full Pay**

Amount $ _____

Expiration Date _____

☐ **Kit Locker #** _____

☐ **Plus 1: $10** ☐ **Plus 2: $20**

INITIAL TRANSACTION

From _____ **to** _____

Prorate Fee $ _____
Membership Fee $ _____
Other Fees (i.e. kit locker, +1) $ _____

Total Paid $_____

BANK DRAFT AUTHORIZATION ATTACH A VOIDED CHECK

As a convenience to me, I hereby authorize you to charge my account, payable to the order of the Association. **The authority is to remain in effect until a Cancellation Form is complete and submitted with a minimum of 14 days prior to the draft date.** Should any pre-authorized charge not be honored by my bank, I understand that I am responsible to make that payment and any service fees incurred by the Association.

Signature _____ **Date**_____