



Brockville and Area YMCA

CHANGE OF INFORMATION FORM

MAIN CONTACT / ACCOUNT HOLDER (MUST BE OVER 18)

LAST NAME: _____ FIRST NAME: _____

BIRTH DATE : _____ MALE / FEMALE EMAIL ADDRESS: _____
(MONTH/DAY/YEAR) (CIRCLE)

ADDRESS: _____
STREET CITY POSTAL CODE

HOME PHONE NUMBER: _____ WORK NUMBER: _____ EXT _____

ADD/DELETE ADDITIONAL FAMILY MEMBERS MEMBERSHIP # _____

LAST NAME	FIRST NAME	BIRTH DATE (MM/DD/YR)	MALE / FEMALE	YMCA MEMBERSHIP NUMBER

CURRENT TYPE OF MEMBERSHIP _____

Circle Membership Type Change Below

Family (2Adults) Family (1 Adult) Senior (60+) Adult Student (18+) Teen (13-17) Youth (10-12) Child (6-9) Preschool (2-5) Toddler (0-2) Assisted

METHOD OF PAYMENT

FIRST PAYMENT \$ _____ MONTHLY PAYMENTS \$ _____ STARTING ON _____

CREDIT CARD # _____ EXPIRY _____ VISA / MASTERCARD

PRE-AUTHORIZED BANK ACCOUNT INFORMATION

We require a void cheque or "Direct Deposit / Pre-Authorized Transactions" slip (available from your Bank).

I understand and agree:

- My account / credit card will be debited on the **1st** or **15th** (circle one) day of each and every month.

Account Holder Name (Please Print) _____ Parent / Guardian Name (Please Print) _____ Date _____

Account Holder Signature _____ Parent / Guardian Signature _____ Staff Signature _____

If updated by phone: Date call received: _____ Date Entered: _____ Reference #: _____

