

WATERTOWN FAMILY YMCA

REQUEST FOR CHANGE IN MEMBER INFORMATION

Members Name: _____

Member ID Number: _____ (will be completed by staff)

Membership Payment Plan: (Check One)

Bank Draft
 Annual
 Monthly
 4-Pay Plan

Current Personal Information

Address

Phone No.

E-Mail

New Personal Information

Address

Phone No.

E-Mail

Current Type & Payment Amount

<input type="checkbox"/>	Family	_____
<input type="checkbox"/>	Family – SP	_____
<input type="checkbox"/>	Family - Couple	_____
<input type="checkbox"/>	Adult	_____
<input type="checkbox"/>	Young Adult	_____
<input type="checkbox"/>	Youth	_____
<input type="checkbox"/>	Child	_____
<input type="checkbox"/>	Senior	_____
<input type="checkbox"/>	Senior Couple	_____
<input type="checkbox"/>	Locker Number	_____

Requested Type & Payment Amount

<input type="checkbox"/>	Family	_____
<input type="checkbox"/>	Family – SP	_____
<input type="checkbox"/>	Family - Couple	_____
<input type="checkbox"/>	Adult	_____
<input type="checkbox"/>	Young Adult	_____
<input type="checkbox"/>	Youth	_____
<input type="checkbox"/>	Child	_____
<input type="checkbox"/>	Senior	_____
<input type="checkbox"/>	Senior Couple	_____
<input type="checkbox"/>	Locker Number	_____

ADDITION / REMOVAL OF FAMILY MEMBERS

ADD

	NAME	DOB
M/F		
M/F		
M/F		
M/F		

REMOVE

	NAME	DOB
M/F		
M/F		
M/F		
M/F		

Signature of Member

Date of Request

Staff Signature