Maui Family YMCA
Membership Reclassification/Change Form

☐ Name on Membership: ________________________________

Contact Information Changes
☐ Update address, phone number, or email for this membership:

Please Note: Only fill in if information we have on file needs to be updated

Updated Address: (Street) __________________________________________________________
(City) _____________ (State)______ (Zip Code)____________

Updated Phone Number: (H)___________________ (C)________________________

Updated Email: ________________________________

Membership Changes
☐ Add/Cancel the following individuals from this membership:

Please Note: Family memberships include 2 adults 20 years and over

Add ___ Cancel ___ Name: _________________________ DOB ___/___/___ Age: ___ M / F

Add ___ Cancel ___ Name: _________________________ DOB ___/___/___ Age: ___ M / F

Add ___ Cancel ___ Name: _________________________ DOB ___/___/___ Age: ___ M / F

Add ___ Cancel ___ Name: _________________________ DOB ___/___/___ Age: ___ M / F

I understand that 30 days’ notice is required for changes to my membership to go into effect and that there might be a pro-rated fee when upgrading to a different membership type.

☐ Authorization Signature: ________________________________ Date: ___/___/___

Notice: Draft changes can be made on backside of this form
Bank/Card Draft Changes

☐ PLEASE ATTACH VOIED CHECK

Or

☐ COMPLETE DEBIT/CREDIT CARD INFORMATION BELOW

Debit/Credit Card Holder Name (print)

_______________________________________________________________________________________________________________

Debit/Credit Card Holder Billing Address

__________________________________________________________Zip Code________________________

Debit/Credit Type (please circle one):  Visa  Mastercard

                                   Discover  American Express

Debit/Credit Card Number (please print legibly):

________________________________________________________________________________________________________EXP Date________________________

I authorize the YMCA to begin a monthly charge or EFT (Electronic Funds Transfer) from this new card/bank account for the payment of my membership dues.

☐ Draft Authorization Signature: ___________________________ Date: ____/____/____

Staff Use Only

Membership Type Change: Upgrade Dues

From: __________________ To: __________________ Collected: $________

Staff Initials _____ Date: ____/____/____ Processed by _____ Date: ____/____/____