

# 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

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 VOIDED 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: \_\_\_/\_\_\_/\_\_\_

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

