



FOR YMCA STAFF USE ONLY	
Member ID # _____	ID # _____
Date _____	Staff initials _____
Processed by _____	Date Processed _____

MEMBERSHIP MODIFICATION FORM

YMCA OF GLENDALE

PRIMARY MEMBER INFORMATION

First Name _____ Last Name _____ Gender _____ DOB _____
 Address _____ City _____ State/Zip _____
 Home Phone _____ Phone (alt) _____ E-mail _____

SELECT ONE OF THE FOLLOWING OPTIONS:

MEMBERSHIP TRANSFER (Includes upgrades/downgrades and branch transfers)

The YMCA of Glendale requires fifteen (15) days' advance notice to "switch" membership type. Non-primary members must complete a new membership form to change from a multiple person membership to a single membership. (All previous membership policies, terms and conditions still apply.)

I, the undersigned, understand that my current membership type will change from _____ to _____ and my monthly rate will change from \$ _____ to _____, to be effective on _____

ADD/REMOVE MEMBERS (Attach waivers, if necessary.)

- Add Remove Legal name (include middle initial) _____ DOB _____
- Add Remove Legal name (include middle initial) _____ DOB _____
- Add Remove Legal name (include middle initial) _____ DOB _____
- Add Remove Legal name (include middle initial) _____ DOB _____

HOLD (Requires 7 days' notice)

The YMCA of Glendale requires seven (7) days' advance notice to "hold" a membership. Membership dues will be \$5.00 per month, instead of regular monthly fees. Membership fees will automatically resume after the hold period. There is a maximum of three (3) months and a minimum of thirty (30) days for all membership holds per calendar year.

I, the undersigned, understand that my membership will be on hold for the month(s) of _____ to _____ My membership drafts will stop temporarily after the draft date of _____ and my membership dues will automatically resume on _____

TERMINATION (Requires 30 days' notice)

The YMCA of Glendale requires thirty (30) days' advance notice to "terminate" an electronic fund transfer membership. Therefore, if you do not provide the required thirty (30) days' notice, your account will be billed one last payment cycle.

I, the undersigned, understand that my next and final draft will occur on _____ / _____ / _____ and my membership and use of the facility will end on _____ / _____ / _____

Reasons for termination:

- Moving
- Affordability
- Not Using Facility
- Other:
- Medical Reason
- Joined Another Facility
- Dissatisfied

By signing below, I agree to all applicable terms and conditions indicated above and all policies and procedures set forth in the original YMCA membership application and member handbook to which I agreed. I also acknowledge that I have received a copy of this form for my records. The YMCA reserves the right to terminate or cancel your membership at any time in its sole discretion.

Member Signature _____ **Date** _____ / _____ / _____