



MEMBERSHIP UPDATE

Staff: _____ Date: _____

Unit ID#: _____

Membership Type: _____

Draft Date: _____ Branch: _____

YMCA CASS AND CLAY COUNTIES

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Change Membership Type **Upgrade** **Downgrade**

Current: _____ New: _____

Your new monthly membership rate will be \$ _____, and will begin ____/____/____.

Change Family Information (All members must live in the same household)

	Name	Date of Birth	Gender
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U
<input type="checkbox"/> Add <input type="checkbox"/> Delete	_____	____/____/____	F / M / U

Locker Rental **Add** **Remove** **Switch**
 Fercho **Men's** **Half** **Monthly**
 Schlossman **Women's** **Kit (Fercho Only)** **Annual**

Attach Locker Rental Card Here

(If removing locker, write locker number in this space)

Change Draft Date

Current: 1st / 15th New: 1st / 15th

Prorate: \$ _____ Start Date: ____/____/____

Change Hold or Termination Status

Early Return from Hold | Prorate: \$ _____

Reverse Membership Cancellation

Member Signature: _____ Date: _____

Membership Payment Updates and Authorization Agreements:

Change of Bank Information for Automatic Monthly Draft

Please sign agreement below and submit a voided check or provide the new credit/debit card for your new account payment method. The YMCA will update your account on the next available draft date.

Membership Payments Policy: I understand that the YMCA’s preferred method of bank draft is through a checking account. However, if I choose to pay using a credit or debit card, I understand there will be an additional \$3.00 processing fee on my membership draft each month. If I choose to pay my membership in full for the year, I understand that my payment is not refundable.

Membership Cancellation Policy: To cancel a membership, written notice is required via YMCA Cass and Clay Membership Cancellation Form.

If your draft date is:

1st of each month

15th of each month

To avoid being drafted again, you must cancel by:

15th of prior month

Last day of prior month

1 Year Full Pay Membership Agreement

I understand that my annual membership is non-refundable. If I choose to drop my membership, my options are as follows:

- Transfer my membership to another YMCA (minimum of 3 months remaining on membership).
- Transfer my membership to another person (I am responsible for collecting payment).
- Consider the balance of my membership as a charitable donation.

**EFT Authorization through
Checking or Savings Account**

Credit/Debit Card* Draft Authorization

Exp Date: _____

*3.00 monthly processing fee applies

- I understand that this agreement is continuous until I give proper notice of any changes or termination.
- It is my complete understanding that if I wish to update or change my membership in any way, I must give the YMCA written notice in advance of my next monthly deduction (If my draft date is the 1st of the month, the last day to submit a payment update, downgrade, or hold is the 15th of the month prior. If my draft date is the 15th of the month, the last day to submit a payment update, downgrade, or hold is the last day of the month prior).
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive notice prior to any such change.
- Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus any service fee applied by the YMCA. This is in addition to any service fee my bank may apply.
- I am aware of the fact that it is my responsibility to check my bank statement on a regular basis to make sure the YMCA membership rate withdrawal is correct. The YMCA of Cass and Clay Counties will accept a maximum of three months of responsibility if the YMCA is in error.
- It is my responsibility to update any changes to my credit card or checking account used for my membership.

By signing below, I have given authority to honor pre-authorized amounts drawn by the YMCA from my checking account or credit/debit card for monthly membership payments.

Member Signature: _____

Date: _____