YMCA of the Northern Sky

MEMBERSHIP UPDATE

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

NAME REQUIRED - ONLY FILL OUT ADDRESS, PHONE AND EMAIL IF THERE IS A CHANGE.

CHANGE MEMBERSHIP TYPE

☐ **Upgrade** ☐ **Downgrade** ☐ **Locker** ☐ **Rest & Recovery** ☐ **Billing**

Current: _____ New: _____

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

CHANGE HOUSEHOLD INFORMATION (All members must live in the same household)

Add/Delete	Name	Date of Birth	Gender
Add	_____	_____/_____/_____	Male
Delete	_____	_____/_____/_____	Male
Add	_____	_____/_____/_____	Male
Delete	_____	_____/_____/_____	Male

CHANGE FREEZE OR TERMINATION STATUS

☐ Unfreeze Membership | Pro-rate: $_____

☐ Reverse Membership Cancellation

LOCKER RENTAL

Action Add

Location Fercho - Fargo

Type Men's

Attach Locker Rental Card Here

(If removing locker, write locker number here)

Member Signature: _____ **Date:** _____

Staff: _____ Date: _____

Branch Location: _____

Membership Type: _____

YMCA of the Northern Sky
Fercho | 400 1st Ave S | Fargo ND, 58103
Schlossman | 4243 19th Ave S | Fargo ND, 58103
Fergus Falls | 1164 N Friberg Ave | Fergus Falls, MN 56537

YMCA of the Northern Sky

MEMBERSHIP UPDATE

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 for the next available draft date.

Membership Payments Policy: I understand that the YMCA's preferred method of payment 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% 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 of the Northern Sky Membership Cancellation Form. To avoid being drafted again, you must cancel by the 25th of the prior month. You can complete a form by visiting our member services desk, visit our webpage or submitting an online case.

☐ **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**
Checking or Savings Account

☐ **Credit/Debit Card* Draft Authorization**
Exp Date: _____
3% 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 by the 25th of the prior month.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership. I understand that by signing I agree to that change and understand 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 surcharge 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 the Northern Sky will honor up to 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 read and agree to the statements listed above, the information provided on this report is accurate to the best of my knowledge and I have given authority to honor pre-authorized amounts drawn by the YMCA from my chosen payment method for my membership payments.

Member Signature: _____ **Date:** _____

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