



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CORPORATE PARTNER CHANGE OF INFORMATION

Preferred YMCA _____ YMCA ID _____ Date ____/____/____

Last Name		First Name		Middle Name		Birthdate / /		Draft Date (Choose one) <input type="checkbox"/> 1st <input type="checkbox"/> 15th		Invoice Term (end date) / /	
Type of Change: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/> Membership Type						Name Change:		Previous		Current	
Current Address:	Street Address				Apt. #	City		State	Zip		
Phone: Home () ()		Work () ()		Cell () ()		Email Changes:					
Other Changes:	Amenities, errors, etc.:		Employer		Membership Type: (an upgrade fee may apply)	Category (i.e One to One Plus)	From	To	Monthly Rate/ Subsidy (if applicable):	From	To

Additional Adult Information

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender	Preferred Phone	Preferred Email	Employer
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender	Preferred Phone	Preferred Email	Employer
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender	Preferred Phone	Preferred Email	Employer

Dependent Information

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender	Preferred Phone
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender	Preferred Phone
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender	Preferred Phone
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Last Name	First Name	Middle Initial	Preferred Name	Birthdate / /	Gender	Preferred Phone

· I understand that if I wish to make any changes to my membership, including my payment options, I must complete and sign a YMCA Change or Cancellation form, giving 30-days notice. I understand that it may take up to 30 days for the changes to take effect.
 · I understand that the YMCA will annually review its pricing structure, which may result in an increase of my membership fees. I understand that I will receive notice at least four weeks prior to any such change.
 · If I am participating in the Income-based Rate Scale ("IBRS"), I understand that I must provide verification of my income (most recent tax return). I also understand that as an IBRS member, I must reapply periodically, providing updated income verification. Failure to reapply may result in my membership rate reverting to the full amount.

Member Signature	Date / /	Staff Signature	Date / /
Company Name:		Company Representative:	

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.