

WATERTOWN FAMILY YMCA

REQUEST FOR CHANGE IN MEMBER INFORMATION

Members Name: _____

Member ID Number: _____ (will be completed by staff)

Membership Payment Plan: (Check One)

Bank Draft Annual

Monthly

Current Personal Information

Address

Phone No.

E-Mail

New Personal Information

Address

Phone No.

E-Mail

Current Type & Payment Amount

<input type="checkbox"/>	Family		_____
<input type="checkbox"/>	Family – SP		_____
<input type="checkbox"/>	Family - Couple		_____
<input type="checkbox"/>	Adult		_____
<input type="checkbox"/>	Young Adult		_____
<input type="checkbox"/>	Youth		_____
<input type="checkbox"/>	Child		_____
<input type="checkbox"/>	Senior		_____
<input type="checkbox"/>	Senior Couple		_____
	Locker Number		_____

Requested Type & Payment Amount

<input type="checkbox"/>	Family		Completed by staff
<input type="checkbox"/>	Family – SP		Completed by staff
<input type="checkbox"/>	Family - Couple		Completed by staff
<input type="checkbox"/>	Adult		Completed by staff
<input type="checkbox"/>	Young Adult		Completed by staff
<input type="checkbox"/>	Youth		Completed by staff
<input type="checkbox"/>	Child		Completed by staff
<input type="checkbox"/>	Senior		Completed by staff
<input type="checkbox"/>	Senior Couple		Completed by staff
	Locker Number		_____

ADDITION / REMOVAL OF FAMILY MEMBERS

ADD

	NAME	DOB

REMOVE

	NAME	DOB

Signature of Member

Date of Request

Staff Signature