



MEMBERSHIP CHANGE FORM

YMCA OF CASS AND CLAY COUNTIES

Today's Date: _____

400 1st Ave S, Fargo, ND 58103

701.293.9622

Member ID #: _____

Please Print

PRIMARY MEMBER'S NAME: _____ DOB: ____/____/____

ADDRESS: _____ APT.# _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

[] Hold

Membership Hold For: _____ 1 _____ 2 _____ 3 Months (Consecutively)

Your Membership is paid and will remain active through: ____/____/____ and will automatically restart on: ____/____/____

-Membership Holds are available once per calendar year.

-\$5.00 will be charged on your regular draft date of either the 1st or 15th of each month your membership is on hold.

-Membership will automatically begin the month following your hold.

-Note membership cancelation

Reason for hold: Work Seasonal Medical School

[] Change of Membership Type Upgrade Downgrade

FROM

TO

Student/Youth - \$32/mo

Student/Youth - \$32/mo

Single - \$53/mo

Single - \$53/mo

Senior - \$48/mo

Senior - \$48/mo

Family Household - \$80/mo

Family/ Household - \$80/mo

Family Package - \$103/mo

Family Package - \$103/mo

Night Owl* - \$10/mo

Night Owl* - \$10/mo

*This will be applied to your
_____ 1st / 15th draft date.*

**Note \$3 service with all memberships
paid using credit card.*

**(11pm -4am M-F, 8pm -4am S&S age 18+ only)*

[] Change of Family Information (All members must live in the same household.)

Add Delete NAME PHONE DOB GENDER
_____ / _____ / _____ M / F

Add Delete _____ / _____ / _____ M / F

Add Delete _____ / _____ / _____ M / F

Add Delete _____ / _____ / _____ M / F

[] Locker Rental Agreement

Locker #: _____

Add Remove

Fercho Schlossman Half - \$6.00 Monthly Half - \$72 Annual

Men's Women's Kit - \$3.00 Monthly (Fercho Only) Kit - \$36 Annual (Fercho Only)

[] Change of Bank Information for Automatic Monthly Draft

Please sign an bank agreement (see back of form) and voided check from the new account. Changes to your account must be done in advance. The YMCA will change your account on the next available draft date.

Signature to approve Changes: _____

Staff Name: _____

Membership Banking and Credit Card Authorization & Agreements:

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 service fee on my membership draft each month. If I chose 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.

If your draft date is:	To avoid being drafted again, you must cancel by:
1 st of each month	15 th of prior month
15 th of each month	Last day of prior month

() 1 Year Full Pay Membership Agreement

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

- Transfer my membership to another Y (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.

() Bank Draft Authorization through Checking Account or Savings Account

By signing below I have given authority to honor preauthorized checks drawn by you on my account for membership payments monthly.

() Credit Card Draft Authorization *Note \$3.00 Service fee monthly

- 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 terminate or change my membership in any way, I must give the YMCA written notice in advance of the deduction. (If your draft date is the 1st of the month the last day to turn in a change, cancel, or hold is the 14th of the month prior. If your draft date is the 15th of the month the last day to turn in a change, cancel, 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.

Date: _____ Credit Card Expire Date: _____ Staff Initial: _____

Primary Member Name (Please Print)

Primary Member Signature (or Parent/Legal Guardian signature if primary member is under 18 years) Date