



CHANGE AGREEMENT

YMCA OF NORTHERN ROCK COUNTY
221 Dodge Street
Janesville, WI 53548
(608) 754-9622, downtowny@ymcajanesville.org

PARKER YMCA
1360 Parkview Drive
Milton, WI 53563
(608) 868-9622, parkery@ymcajanesville.org

MEMBER ID# _____

PRIMARY MEMBER INFORMATION

First _____ Last _____ M.I. _____ D.O.B. _____ Male/Female
Phone # _____ Cell Phone # _____ E-mail _____
Address _____ City _____ State _____ Zip _____

MEMBERSHIP CATEGORY CHANGE

From: Household Adult Youth/Teen Staff Corporate Senior
To: Household Adult Youth/Teen Staff Corporate Senior

ADD OR DELETE MEMBERS:

NAME (LAST, IF DIFFERENT)	BIRTHDATE	GENDER	RELATIONSHIP TO PRIMARY	ADD/DELETE

CHANGED MEMBERSHIP PAYMENT INFORMATION

New Membership Type _____

Change Processed in CCC

OR

Request Billing to Process

Monthly Draft First Draft Date _____

Full Pay

Amount \$ _____

Expiration Date _____

Bank Name: _____

(if checking account, please attach a voided check) Checking Savings

Account Number: _____

Routing Number: _____

Name on Account: _____

ADD ONS:

Full Locker Half Locker Towel Service Hydro Massage Tanning

INITIAL TRANSACTION

Prorate Fee \$ _____
Membership Fee \$ _____
Other Fees \$ _____
TOTAL PAID \$ _____

BANK DRAFT AUTHORIZATION

As a convenience to me, I hereby authorize you to charge my account, payable to the order of Association. **The authority is to remain in effect until a Cancellation Form is complete and submitted by the 20th of the month prior to the draft date.**

Should any pre-authorized charge not be honored by my bank, I understand that I am responsible to make that payment and service fees incurred by the Association.

SIGNATURE _____

DATE _____