

DATE _____

FREMONT FAMILY YMCA



MEMBERSHIP CHANGE FORM

Member's Name _____ Member # _____

Address _____ City _____ State _____ Zip _____

Phone - Home _____ Cell _____ Email _____

CHANGE OF NAME and/or ADDRESS – Please give us your new information

First and last name _____

Address _____

City _____

State _____

Zip _____

Phone - Home _____

Cell _____

E-mail _____

CHANGE OF MEMBERSHIP TYPE – Please circle one from each list

CURRENT MEMBERSHIP TYPE

Youth Young Adult

Adult Family Household Single Parent Family
65+ Senior Couple 3 Adults+Household

CHANGE TO

Youth Young Adult

Adult Family Household Single Parent Family
65+ Senior Couple 3 Adults+Household

DROP/ADD FAMILY MEMBER NAMES: Drop (-)/Add (+)

First/Last Name

Gender (Male/Female)

Birthday

-/+

-/+

-/+

-/+

-/+

-/+

CHANGE OF PAYMENT PLAN – Please circle one from each list

CURRENT PAYMENT

Bankdraft

Monthly (Scholarship)

Annually

Payroll

CHANGE TO

Bankdraft

Monthly (Scholarship)

Annually

Payroll

EFFECTIVE DATE

(Please enclose appropriate forms)

OTHER COMMENTS (i.e. new account, change in amount, etc.)

Staff name _____

We're sorry you're leaving . . . FREMONT FAMILY YMCA

Our members are very important to us and we're sorry to see you go. Please take a few moments to complete this survey. Your opinions are valuable to us in helping us improve our services and our facility.

1. Are there any programs, classes or equipment the YMCA could offer that would make you reconsider your decision to cancel?

2. Please rate your overall satisfaction with our PROGRAMS and CLASSES:

Completely satisfied Satisfied Not satisfied Completely dissatisfied

3. Please rate your overall satisfaction with our FACILITY (cleanliness, etc.)

Completely satisfied Satisfied Not satisfied Completely dissatisfied

4. Please rate your overall satisfaction with our STAFF (front desk, service center, membership office, class instructors, etc.)

Completely satisfied Satisfied Not satisfied Completely dissatisfied

5. If you could change one thing about your experience at the Y, what would it be? _____

FREMONT FAMILY YMCA CANCELLATION FORM

Member's name _____

Address _____ City _____ State _____ Zip _____

Member's ID # _____ Phone _____

Type of membership Youth Young Adult Adult Family S/P Family
 Household 65+

What is your primary reason for canceling your membership? _____

____ Bank draft – Be aware that your account may be drafted once more. Bank draft memberships must be cancelled by the 5th of the month to stop the draft for that month as specified on your membership application and on the pre-authorized bank draft form.

Corporate Membership Company _____ Annual Membership

Member's signature _____ Date _____

Signature of person canceling membership _____ Date _____
(if other than actual member)

FOR OFFICE USE ONLY

Payment canceled on _____ Date processed _____ Staff initial _____