



MEMBERSHIP INFORMATION CHANGE FORM

Member Name: _____

Mailing Address: _____

Please check one of the following:

- New Bank Account Information : Attach a voided check
- New address information _____
- Change in Membership From _____ To _____
 Add/Delete _____ Name _____ (m/d/y)
 Add/Delete _____ Name _____ (m/d/y)
 Add/Delete _____ Name _____ (m/d/y)

Other _____
Please note any changes may take up to 30 days to take effect.

Signature _____ Date _____

Office Use
_____ Staff member
_____ Completed By

YMCA Mission Statement: "To put Christian principles into practice through programs that build healthy spirit, mind and body for all."