



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metro Chicago MEMBERSHIP CHANGE

MEMBER INFORMATION PLEASE PRINT

First _____ M.I. ____ Last _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Previous Address _____

CHANGE MEMBERSHIP TYPE

From _____ To _____

Family Members (Family members must be claimed as a dependent on adult's tax return)

Add Del First _____ M.I. ____ Last _____ Relationship _____ Birthdate ____ / ____ / ____

Add Del First _____ M.I. ____ Last _____ Relationship _____ Birthdate ____ / ____ / ____

Add Del First _____ M.I. ____ Last _____ Relationship _____ Birthdate ____ / ____ / ____

Add Del First _____ M.I. ____ Last _____ Relationship _____ Birthdate ____ / ____ / ____

Does anyone need a modification because of a disability? YES NO

CHANGE SERVICES

Add Del Service Type _____ Locker # _____

CHANGE OF MEMBERSHIP PAYMENT DATE

New Draft Date 1st 15th Begin Date ____ / ____ / ____

PLEASE NOTE: I understand that I must submit, in person written notice, or by email with confirmation of receipt **5 business days** prior to my next EFT for any membership/account change, hold or cancellation.

Member Signature _____ Date ____ / ____ / ____

OFFICE USE

Received by (staff print name) _____ Date ____ / ____ / ____