

Kennebec Valley YMCA Member Update Form

Primary Member Name:				Unit #	
Check which ch	nange(s) you would like to make to	your cur	rent membership:		
	☐Membership Type		\Box Contact Info		
	\square Adding/Removing Member(s)		\square Billing Method		
<u>Membership</u>	Type:				
Changing from	hanging from: Changing to:				
Adding/Rem	oving Members:				
Adding:					
Name		M/F	D.O.B	Card#	
Name		M/F	D.O.B	Card#	
Name		M/F	D.O.B	Card#	
Name		M/F	D.O.B	Card#	
Removing:					
Name(s):					
Contact Info	<u>:</u>				
Address:					
City/Town	State		Zip		
Phone: ()	Cell: ()		_E-Mail:		
Billing Info:					
			t Information		
	authorize my bank to make p				
	Savings □MasterCard □Visa □Discove				
Routing#	Account#			Exp. Date (credit	card)
Bank Name		Ba	nk Location		
	You the buyer may cancel this agre The KV YMCA reserves the right	-	· · · · · · · · · · · · · · · · · · ·		
Date	Account I				
By signing belov	v, I agree to any of the changes made	to my me	mbership as marked abo	ove.	
Member Signature:				Date:	
KVYMCA Representative:				Date:	