



KV YMCA Member Update Form

Today's Date	Search Daxko	Check MSOR	ID Checked	Home Branch
				AUG MAN

Primary Member Name: _____ Unit # _____

Check which change(s) you would like to make to your current membership:

- Membership Type
 Adding/Removing Member(s)
 Contact Info
 Billing Method

Membership Type:

Changing from: _____ Changing to: _____

Adding/Removing Members:

Adding:

Name _____ DOB _____ Tag # _____ Gender: M F

Name _____ DOB _____ Tag # _____ Gender: M F

Name _____ DOB _____ Tag # _____ Gender: M F

Removing:

Name(s): _____

Name(s): _____

Contact Info:

Address _____

City/Town _____ State _____ Zip _____

Primary Phone (____) _____ E-Mail _____

Billing Info:

I _____ authorize my bank to make payment by the method indicated below and post it to my KV YMCA account. Amount of Payment: \$ _____ Draft Date: 1st 15th

- Visa
 MasterCard
 Discover
 Am. Exp.
 Savings
 Checking

Routing # _____ Account/Card # _____ Exp. Date _____

You the buyer may cancel this agreement by written notification 15 days prior to draft date. The KV YMCA reserves the right to adjust membership fees with 30 days written notice.

Donation: I would like to add a monthly donation to the KV YMCA Strong Kids Campaign

One-Time \$ _____ \$1 _____ \$5 _____ \$10 _____ \$20 _____ Other Amount \$ _____

Account Holder Signature _____ Date _____

Member Signature _____ Date _____

KV YMCA Representative _____ Date _____

By signing above, I agree to any changes made to my membership as marked above