



## KV YMCA Member Update Form

Today's Date	Search Daxko	Check NSOR	ID Checked	Home Branch

Primary Member Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Circle which change (s) are being made to the current membership:

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

### Membership Type:

Changing From: \_\_\_\_\_ To: \_\_\_\_\_

### Adding/Removing Members:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M    F

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M    F

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M    F

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M    F

Name \_\_\_\_\_ DOB \_\_\_\_\_ Tag # \_\_\_\_\_ Gender: M    F

### Contact Info:

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Billing Info:** Please initial box ☐ I understand that there is a 3 month draft minimum and a 15 day cancellation policy.

I \_\_\_\_\_ authorize my bank to make payment by the method indicated below and post it to my KVYMCA account.

1. Amount of payment: \$ \_\_\_\_\_

2. Monthly/Draft date: 1st    15th    OR    Quarterly    Semi Annual    Annual

3. 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: \_\_\_\_\_

KV YMCA Representative: \_\_\_\_\_ Date: \_\_\_\_\_