

**YMCA OF EASTERN UNION COUNTY
ELIZABETH, FIVE POINTS, RAHWAY
BRANCHES**



Membership Change Request

I _____, hereby request that my membership category (type) or payment type be upgraded/modified/changed to reflect the following change:

Current Membership Type

- ___ Youth
- ___ Teen
- ___ Youth Program
- ___ Young Adult
- ___ Adult
- ___ Adult Program
- ___ Family
- ___ Single Parent Family
- ___ Senior

Requested Membership Type

- ___ Youth
- ___ Teen
- ___ Youth Program
- ___ Young Adult
- ___ Adult
- ___ Adult Program
- ___ Family
- ___ Single Parent Family
- ___ Senior

Name: _____

Membership ID# _____

Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Please indicate Branch Membership: ___ Elizabeth ___ Five Points ___ Rahway

Payment Method: Annual ___ Bank Draft ___ Cash ___ Credit Card ___

Membership Type _____ (If switch from family to Adult or vice versa please list other members)

Change of Payment Type Information

Credit Card # _____ Exp Date _____

Visa _____ Master Card _____

I understand that the YMCA has 30 days from receipt of this notice to enforce these changes and that any payments that are due within this period must be satisfied before the change can take place.

For Office Use Only
Reason for Change _____
Staff Name _____ (Please Print)

Signature: _____ **Date:** _____ **Staff Initials** _____