



# Kandiyohi County Area YMCA

## Membership Change Form

**Member Information**

Member ID # \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

### What are you changing?

Membership Type (Complete step 1)  Cancelling Membership (Skip to step 2)  
Check one and complete the corresponding numbered sections that apply

#### (1) Changing Membership Type

What type of membership would you like? (Additional fees may apply)

Multi Adult Household (\$10 for each adult over 2)  1 Adult Household  
 Adult  Youth  Young Adult  Senior  Senior Couple

Who do you want to add or remove?

Spouse or Children	Date of Birth	Employer or School	Add or Remove

#### (2) Cancelling Membership

What is the reason for cancelling your membership?

Drop for season  Monetary  Relocation  Medical  Switching Facilities

Do not Use Membership  Unsatisfied with Facility  Unsatisfied with Service

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If canceled before the 20th of the month your membership will end the first of the next month.

You will still be paying for the current month.

For example: Cancel before January 20th your membership will end Feb1st but your payment for January will still come out on the 5th or 20th.

Membership End Date: \_\_\_\_\_ Last Payment date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_