



STAFF USE ONLY

Member Unit#: _____

Staff Signature: _____

KANDIYOHI COUNTY AREA FAMILY YMCA MEMBERSHIP CHANGE FORM

First Name: _____ Last Name: _____

CURRENT MEMBERSHIP TYPE

DESIRED MEMBERSHIP TYPE

CHECK ONE	MEMBERSHIP TYPE	MEMBERSHIP COST
<input type="checkbox"/>	Multi-Adult Household	\$84/month
<input type="checkbox"/>	One-Adult Household	\$70/month
<input type="checkbox"/>	Adult	\$60/month
<input type="checkbox"/>	Young Adult (19-25)	\$35/month
<input type="checkbox"/>	Youth (0-18)	\$26/month
<input type="checkbox"/>	Senior (65+)	\$46/month
<input type="checkbox"/>	Senior Couple (Both 65+)	\$73/month
<input type="checkbox"/>	Ridgewater College Student	\$60/semester \$120/Academic Year \$180/Full Year

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\$10 extra charge on additional Adults (25+) on household memberships

NAME	GENDER	ADD	REMOVE	DATE OF BIRTH
	M / F			
	M / F			
	M / F			
	M / F			

By signing I understand that I have read and understood the changes I made to my account, and understand the changes made to my monthly payment

Signature: _____ Today's Date: _____