



FOR YOUTH DEVELOPMENT -
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CORPORATE PARTNER CHANGE OF INFORMATION

Preferred YMCA YMCA ID Date

Last Name		First Name		Middle Name		Birthdate		Draft Date (Choose one)		Invoice Term (end date)	
						/ /		<input type="checkbox"/> 1st <input type="checkbox"/> 15th		/ /	
Type of Change:											
<input type="checkbox"/> Name		<input type="checkbox"/> Address		<input type="checkbox"/> Email		<input type="checkbox"/> Other		<input type="checkbox"/> Membership Type		Name Change:	
Current Address:		Street Address		Apt. #		City		State		Zip	
Phone: Home		Work		Cell		Small Changes:		From		To	
Other Changes:		Amenities, errors, etc.:		Employer		Membership Type:		Category (i.e. One to One Plus)		Monthly Rate/ Subsidy (if applicable):	
						(an upgrade fee may apply)		From		From	

Additional Adult Information

	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender	Preferred Phone	Preferred Email	Employer
<input type="checkbox"/> Add					/ /				
<input type="checkbox"/> Remove									
<input type="checkbox"/> Add					/ /				
<input type="checkbox"/> Remove									
<input type="checkbox"/> Add					/ /				
<input type="checkbox"/> Remove									

Dependent Information

	Last Name	First Name	Middle Initial	Preferred Name	Birthdate	Gender	Preferred Phone
<input type="checkbox"/> Add					/ /		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add					/ /		
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add					/ /		
<input type="checkbox"/> Remove							

I understand that if I wish to make any changes to my membership, including my payment options, I must complete and sign a YMCA Change or Cancellation form, giving 30 days notice. I understand that it may take up to 30 days for the changes to take effect.
 I understand that the YMCA will annually review its pricing structure, which may result in an increase of my membership fees. I understand that I will receive notice at least 60 days prior to any such change.
 If I am participating in the Income-based Rate Scale (IBRS), I understand that I must provide verification of my income (most recent tax return). I also understand that as an IBRS member, I must reapply periodically, providing updated income verification. Failure to reapply may result in my membership rate reverting to the full amount.

Member Signature	Date	Staff Signature	Date
	/ /		/ /
Company Name: <u>Cumberland Heights</u>		Company Representative: <u>Carol Bagwell</u>	

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.