



Billings Family YMCA MEMBERSHIP MODIFICATION FORM

Date: _____

Name: _____ Phone: _____

Address: _____ City, ST Zip: _____

Email: _____

Name of second adult on Membership: _____

My Contact information has changed

Please make modification change effective for draft date: 1st 15th of _____

Please choose from the following modification options:

New bank information:

Debit/Credit

Card #: _____ Expiration: _____ / _____ CVV: _____

Checking/Savings

Routing #: _____ Account #: _____

Cancelling Plus Locker: Men's Locker # _____ Women's Locker # _____

Adding Plus Locker: Men's Locker # _____ Women's Locker # _____

Accepting a new scholarship rate of _____ % off monthly dues (Billing info must be on file)

Adding towel service (Billing info must be on file)

Check One	Name	DOB	Gender	Relation
Add Remove				
Add Remove				
Add Remove				
Add Remove				
Add Remove				

Notes:

Member Signature: _____ **Date:** _____

MEMBER SERVICES USE ONLY

Received by: _____ Date: _____ Entered by: _____ Date: _____

Current membership type: _____ /\$ _____ Change to: _____ /\$ _____

All new adults added to membership were checked on Montana State registry by: _____ Date: _____

Notes: _____