



# Billings Family YMCA Membership Modification Form

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Please choose from the following modification options.**

Update contact information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Update payment information:

OR

Account #: _____
Routing #: _____

Debit/Credit Card #: _____
Expiration: _____ CVC: _____

Reactivate Account.....Membership Type: \_\_\_\_\_

Accept New Scholarship Rate.....Discount: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cancel Plus Locker(s).....Men's Locker #:  Women's Locker #:

Changing Membership Type Switch to a: \_\_\_\_\_ membership

Add and/or Remove the following member(s):

Add	Remove	Name:	DOB:	Gender:	Relation:

Member Signature: \_\_\_\_\_

SVOR:	ACCEPTED:	PROCESSED:
MEMBER ID #:	FEES:	NOTES: