



YMCA OF GREATER OKLAHOMA CITY MEMBERSHIP CHANGE FORM

FOR STAFF USE ONLY | DATE _____ BRANCH _____
UNIT ID _____ STAFF NAME _____

INSTRUCTIONS: PRIMARY MEMBER COMPLETES ALL APPLICABLE SECTIONS

PRIMARY MEMBER ON THE ACCOUNT

1

PRIMARY MEMBER NAME (Please Print) _____
(First) (M.I.) (Last)

BIRTHDATE _____ PHONE _____
(Month) (Day) (Year)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

CHANGE MY PERSONAL INFORMATION

2

CHANGE MY NAME TO: (Please Print) _____
(First) (M.I.) (Last)

PRIMARY PHONE _____ WORK PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

CHANGE HOME BRANCH

<input type="checkbox"/> BETHANY	<input type="checkbox"/> HEALTHY LIVING CENTER - INTEGRIS	<input type="checkbox"/> NORTH SIDE
<input type="checkbox"/> CHICKASHA AREA	<input type="checkbox"/> MAIN STREET	<input type="checkbox"/> RANKIN
<input type="checkbox"/> EARLYWINE PARK	<input type="checkbox"/> MIDTOWN	<input type="checkbox"/> ROCKWELL CROSSING
<input type="checkbox"/> EDWARD L. GAYLORD DOWNTOWN	<input type="checkbox"/> MIDWEST CITY	<input type="checkbox"/> ROCKWELL PLAZA
<input type="checkbox"/> GUTHRIE	<input type="checkbox"/> MITCH PARK	<input type="checkbox"/> STILLWATER

CHANGE MY MEMBERSHIP TYPE

3

CHANGE TO:

<input type="checkbox"/> ADULT	<input type="checkbox"/> HOUSEHOLD +1*	<input type="checkbox"/> HOUSEHOLD +3*	<input type="checkbox"/> TEEN
<input type="checkbox"/> HOUSEHOLD	<input type="checkbox"/> HOUSEHOLD +2*	<input type="checkbox"/> HOUSEHOLD +4*	<input type="checkbox"/> YOUTH

***NOTE:** TO ADD ADULTS YOU MUST ALSO FILL OUT A SEPARATE MEMBERSHIP ADDITION FORM

NOTE: THERE IS A **\$35 CHARGE** TO CHANGE FROM THE ADULT CATEGORY TO ANY HOUSEHOLD CATEGORY.

NOTE: ADDING ANY ADDITIONAL ADULT TO A HOUSEHOLD MEMBERSHIP CURRENTLY RECEIVING FINANCIAL ASSISTANCE MUST REAPPLY FOR UPDATED FINANCIAL ASSISTANCE BASED ON NEW HOUSEHOLD INCOME.

ACTIVATE /DEACTIVATE THESE INDIVIDUALS

Please fill out the area below to activate or deactivate persons on your membership account.

ACTIVATE DEACTIVATE

NAME (Please Print) _____
(First) (M.I.) (Last)

GENDER Male Female BIRTHDATE _____
(Month) (Day) (Year)

ETHNICITY Native American Alaskan Native African American / Black
 Asian/Pacific Islander Caucasian/White Hispanic Other
Ethnicity is collected for demographic purposes ONLY to ensure we are serving our entire community.

ACTIVATE DEACTIVATE

NAME (Please Print) _____
(First) (M.I.) (Last)

GENDER Male Female BIRTHDATE _____
(Month) (Day) (Year)

ETHNICITY Native American Alaskan Native African American / Black
 Asian/Pacific Islander Caucasian/White Hispanic Other
Ethnicity is collected for demographic purposes ONLY to ensure we are serving our entire community.

CONTINUED ON BACK

ACTIVATE DEACTIVATE

NAME (Please Print) _____
(First) (M.I.) (Last)

GENDER Male Female BIRTHDATE _____
(Month) (Day) (Year)

ETHNICITY Native American Alaskan Native African American / Black
 Asian/Pacific Islander Caucasian/White Hispanic Other
Ethnicity is collected for demographic purposes ONLY to ensure we are serving our entire community.

ACTIVATE DEACTIVATE

NAME (Please Print) _____
(First) (M.I.) (Last)

GENDER Male Female BIRTHDATE _____
(Month) (Day) (Year)

ETHNICITY Native American Alaskan Native African American / Black
 Asian/Pacific Islander Caucasian/White Hispanic Other
Ethnicity is collected for demographic purposes ONLY to ensure we are serving our entire community.

CHANGE MY LOCKER RENTAL

LOCKER RENTAL ADD DELETE

LOCKER NUMBER: _____

KIT LOCKER FULL LOCKER

MONTHLY ANNUAL

I AUTHORIZE THE CHANGES TO MY MEMBERSHIP AS INDICATED IN SECTIONS **1 2 3 4**

PRIMARY SIGNATURE _____ DATE _____

5

EASY MONTHLY PAYMENT CHANGE AUTHORIZATION

NAME (AS IT APPEARS ON BANK ACCOUNT) _____
(First) (M.I.) (Last)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BANK NAME _____

TYPE OF ACCOUNT: CHECKING SAVINGS DRAFT DATE: 1ST 15TH

FINANCIAL INSTITUTION ROUTING NUMBER: _____
(USUALLY FIRST SEQUENCE; 9 DIGITS)

BANK ACCOUNT NUMBER: _____
(Usually last sequence; can be up to 17 characters, both numbers and letters. Include hyphens, but omit spaces and symbols.)

CANCELLATION/CHANGE POLICY

I understand that the primary member is the only authorized individual that can cancel or make changes to the membership account. The primary member must provide written notification of cancellations or account changes within 7 days of the member draft date* to be effective on the next scheduled draft. Please keep a copy of your cancellation/change form for your records. Members are responsible for reviewing their bank statements to verify their monthly draft has been cancelled/changed. Should the Y fail to cancel your draft following written notification, refunds MUST be requested in writing within 60 days of the membership termination date.

*Notification must be received by the 8th or the 24th of the month depending on your draft date.

INITIAL _____

PLEASE READ THE FOLLOWING BEFORE SIGNING

EFT MONTHLY PAYMENT PROCEDURES AND INFORMATION

By agreeing to the EFT Monthly Payment Authorization, your bank account will be drafted on your selected date each month. You are given a choice of the 1st or the 15th of the month. If funds are not available on your draft date, your account will be automatically assigned to a collection agency that works on our behalf. The agency will attempt to collect funds a maximum of two times. Once the collection process has begun, any attempts to stop the collection of funds cannot be guaranteed by the Y or the collection agency. The collection agency will charge a fee if the funds are collected. After two unsuccessful attempts your membership will be terminated. Your bank may also charge a fee for each attempt made to collect the funds.

I authorize the YMCA GREATER OKLAHOMA CITY to charge my checking/savings account for monthly membership fees. I understand that these charges are continuous and ongoing until the Y receives the proper cancellation notice.

AUTHORIZED SIGNATURE _____ DATE _____
(MUST BE 18 YEARS OR OLDER)

JOINT SIGNATURE (IF APPLICABLE) _____ DATE _____