

# YMCA of Metropolitan Dallas Frisco

## MEMBERSHIP CHANGE FORM

(Form must be turned in at least 5 days before the next draft date for changes to be effective)

Member Name: \_\_\_\_\_ Member/ Card Number: \_\_\_\_\_

Address & Phone Number Update

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ --- \_\_\_\_\_

### Membership Changes

- |                                                                  |                                                           |
|------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Change to Individual Membership         | <input type="checkbox"/> Change to Frisco Only Membership |
| <input type="checkbox"/> Change to Family Membership             | <input type="checkbox"/> Change to Gold Membership        |
| <input type="checkbox"/> Add Additional Adult to Acct (\$10/ mo) | <input type="checkbox"/> Change to Platinum Membership    |

(Please fill out lines below to add family members living in your household.)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M or F

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M or F

### Change Credit/ Debit Card Information

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CVV2#: \_\_\_\_\_

Issuing Bank for Credit Card: \_\_\_\_\_

Update expiration date only: \_\_\_\_/\_\_\_\_

### Change Checking Account: (Attach Voided Check)

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Receiving Form: \_\_\_\_\_

Date Received: \_\_\_\_\_

Staff Processing Form: \_\_\_\_\_

Date Approved: \_\_\_\_\_