



YMCA OF EASTERN ONTARIO

CHANGE OF INFORMATION FORM

PERSONAL INFORMATION/ADDRESS MEMBERSHIP TYPE PAYMENT TYPE

FIRST NAME: _____ **LAST NAME:** _____ **PHONE #:** _____

ADDRESS _____ **CITY:** _____ **PROV:** _____ **POSTAL CODE:** _____

EMAIL: _____ **MEMBERSHIP CARD #:** _____

CURRENT MEMBERSHIP TYPE: _____ UPGRADING DOWNGRADING

NEW MEMBERSHIP TYPE: (MONTHLY)

Adult 18+	Family (2 Adult)	Couple	Senior 60+	Student 18+
\$63.56 <input type="checkbox"/>	\$137.58 <input type="checkbox"/>	\$114.70 <input type="checkbox"/>	\$59.89 <input type="checkbox"/>	\$45.48 <input type="checkbox"/>
Young Adult 15-17	Child 0-14	TLC	TLC Couple	FAP
\$45.48 <input type="checkbox"/>	\$31.75 <input type="checkbox"/>	\$82.49 <input type="checkbox"/>	\$153.12 <input type="checkbox"/>	<input type="checkbox"/>

ADD/DELETE ADDITIONAL FAMILY MEMBERS:

FIRST NAME	LAST NAME	GENDER (M/F)	DATE OF BIRTH (MM/DD/YY)	MEMBERSHIP CARD #

NEW PAYMENT AMOUNT:

FIRST PAYMENT _____ **MONTHLY PAYMENTS** _____ **STARTING ON** _____

CHANGE OF PAYMENT TYPE: **FROM BANK TO CREDIT CARD** **FROM CREDIT CARD TO BANK**
 Type of credit card: _____ Please attach new void cheque or
 Last 4 digits: _____ Expiry: _____ pre-authorized bank form

PAYMENT DATE: **BANK INFORMATION CHANGE** **NEW CREDIT CARD**
 1st 15th Please attach new void cheque Type of credit card: _____
 or pre-authorized bank form Last 4 digits: _____ Expiry: _____

I understand and agree:

My account/credit card will be debited monthly as of the start date above.

_____ _____
 Name (please print) Date