



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)

Family	Family	Senior	Adult	Young Adult	Teen	Child	FAP
2 Adults	1 Adult	(60+)	(25-59)	(18-24)	(13-17)	(0-12)	
\$122.66	\$100.56	\$53.56	\$64.50	\$53.56	\$39.00	\$33.65	<input type="checkbox"/>

ADD/DELETE ADDITIONAL FAMILY MEMBERS:

FIRST NAME	LAST NAME	GENDER	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
Last 4 digits: _____ Expiry: _____ or pre-authorized bank form

PAYMENT DATE: NEW BANK INFORMATION NEW CREDIT CARD

1st 15th Please attach new void cheque Type of credit card: _____
or pre-authorized bank form Last 4 digits: _____ Expiry: _____

Yes, I understand and agree:

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

Name (please print)

Date