



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