



# 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)	
\$114.00	\$93.00	\$50.00	\$60.00	\$50.00	\$36.00	\$36.00	<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