



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	Couple	Senior (60+)	Student (15+)
\$59.00 <input type="checkbox"/>	128.00 <input type="checkbox"/>	106.60 <input type="checkbox"/>	\$55.70 <input type="checkbox"/>	\$42.00 <input type="checkbox"/>
Toddler to Youth (0-14)	TLC Individual		TLC Couple	FAP
\$33.00 <input type="checkbox"/>	\$77.00		\$142.00 <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