



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP REQUEST FORM

Membership Changes • Payment Changes • Freezes
YMCA of Greater Bergen County

Today's Date _____

Name _____

Member # _____

Phone Number _____ Email _____

MEMBERSHIP CHANGES

_____ I would like to **change my current membership** _____ (type) to a _____ (type). I have attached a signed credit card agreement form with the new credit card draft change. (when applicable)

_____ I would like to (**renew / rejoin**) the YMCA _____ (Membership type)

_____ **Other** _____

PAYMENT CHANGES FOR MONTHLY CONTINUOUS MEMBERSHIP

_____ Please reinstate my Monthly Membership. I have brought my account up to date.

_____ My credit card number and/or expiration date for the billing of my membership has changed. Check box that applies.

new credit card form has been completed, signed and is attached.

my new credit card expiration date is _____ / _____
Month Year

_____ Please use same credit card on file ending in _____ (last 4 digits)

_____ Please remove membership from Financial hold. Payment has been received.

\$ _____
Amount

Date

Staff Signature

Continue on back page for membership freezes and to sign...

NAME _____

Member # _____

MEMBERSHIP FREEZE

_____ Please place my membership on a **MEDICAL Freeze**.

- Doctor's note is attached (required)

_____ Medical Freeze Start Date

- Please reinstate my membership. My doctor has approved my return on _____
Date

_____ Please place my membership on a **PERSONAL Freeze**.

I understand that I may put my membership on personal freeze for a minimum of 1 month and up to a maximum of 3 months, one time per year. I will be billed the fee below and then my automatic payments will begin again after my freeze.

FEE

Personal Freeze Fee is equal to 50% of one month dues. (circle membership type)

Family \$37.50 Adult \$26.50 Young Adult & Senior \$22.50 Teen \$10

LENGTH

Reinstate date will be exactly 1, 2 or 3 months from my start freeze date. Ex: Start Freeze Date 7/1/11, Reinstate Date 10/1/11. (Circle one)

1 month 2 month 3 month

_____ Freeze Start Date _____ Reinstate Date

- Please reinstate my membership I am returning earlier than planned.

Please change the information listed above on my membership account. I understand that these changes will go into effect on the date listed on this form unless otherwise requested.

Member Signature

Date

Membership Representative Signature