



# GREATER WICHITA YMCA MEMBERSHIP CHANGE FORM

Date: \_\_\_\_\_

Mbr #: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted:  Yes  No Sex:  M  F Link ID# \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(staff use)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employee #: \_\_\_\_\_

EEOC Code: The following is used for EEOC guidelines and to ensure we are meeting the needs of the community.

**Household Income Level\***  1. Under \$10,000  2. \$10,000-14,999  3. \$15,000-24,999  4. \$25,000-34,999  5. \$35,000-49,999  6. \$50,000-74,999  7. Over \$75,000

**Race/Ethnicity**  1. Asian  2. Black  3. Hispanic  4. Native American  5. White  6. Other: \_\_\_\_\_  8. Hawaiian/Pacific Islander  9. Two or more races

**\* Ask about YMCA income-based pricing. You may be eligible to receive a reduced membership fee.**

**Please help us keep your information current by updating schools, employers & EEOC information. Choose ONE of the following for each change:**

**I=Inactivate** (leave linked to membership)  **R=Remove** (Completely separate from the membership - i.e. divorce situations)  **A=Add** **Other** (use comment section)

**I R A**  
   Adult #2: \_\_\_\_\_ Sex:  M  F Link ID# \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(staff use)  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### AGE 23 & UNDER LIVING IN HOUSEHOLD

I	R	A	Name	Sex	Link ID# (staff use)	Birthdate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____

### Options

Add	Remove	
<input type="checkbox"/>	<input type="checkbox"/>	Towel (2) \$5.30/person/mo
<input type="checkbox"/>	<input type="checkbox"/>	Locker \$5.30/kit locker/mo
<input type="checkbox"/>	<input type="checkbox"/>	Nursery for one child \$13/mo
<input type="checkbox"/>	<input type="checkbox"/>	Nursery for family \$18/mo

Qty: \_\_\_\_\_  
Qty: \_\_\_\_\_

### Upgrade / Downgrade

**Current** Membership Type: \_\_\_\_\_  
**Current** Membership Amount: \_\_\_\_\_  
**New** Membership Type: \_\_\_\_\_  
**New** Membership Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

### BANKDRAFT PAYMENT PLAN

- My next monthly draft will be \$ \_\_\_\_\_ on or about the 15th of \_\_\_\_\_ from my  CHECKING or  SAVINGS account.
- Bankdraft payment plan is a **CONTINUOUS MEMBERSHIP**; and it will continue unless the YMCA is **NOTIFIED IN WRITING 30 DAYS PRIOR TO NEXT DRAFT.** Member Initials: \_\_\_\_\_
- I will notify the YMCA **in writing 30 days prior to the draft for any changes** to my membership/bank account.
- Membership rates are subject to change; you will be notified in writing 30 days prior to any membership adjustments.
- I understand that should any transfer not be honored by my bank for any reason, I am responsible for that payment **PLUS** any service fee assessed by the YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid.
- **ATTACH VOIDED CHECK HERE (NO DEPOSIT SLIPS)**

Member OR Authorized Bank Account Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (If under 18) \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Membership Cost: \$ \_\_\_\_\_  
 Options: \$ \_\_\_\_\_  
 Joiner Fee: \$ \_\_\_\_\_  
**Total Paid:** \$ \_\_\_\_\_  
 Membership Type: \_\_\_\_\_  
 Group #: \_\_\_\_\_  
 Paid by:  Cash  Check # \_\_\_\_\_  
 Income-based Assistance %: \_\_\_\_\_  
 Charge:  MC  Discover  Visa  
 Staff: \_\_\_\_\_