



Kandiyohi County Area YMCA

Membership Change Form

Member Information

Member ID # _____

Name	Date of Birth	M / F Gender
Address	City, State	Zip Code
		Phone Number

What are you changing?

Membership Type 1 Cancelling Membership 2
 Check one and complete the corresponding numbered sections that apply

1 Changing Membership Type

What type of membership would you like? (Additional fees may apply)

Multi Adult Household (\$10 for each adult over 2nd) 1 Adult Household
 Adult Youth Young Adult Senior Senior Couple

Who do you want to add or remove?

Spouse or Children	Date of Birth	Employer or School	Add or Remove

2 Cancelling Membership

What is the reason for cancelling your membership?

Drop for season Monetary Relocation Medical Switching Facilities
 Do not Use Membership Unsatisfied with Facility Unsatisfied with Service

Comments _____

Signature _____ Date _____

If canceled before the 20th of the month your membership will end the first of the next month.

You will still be paying for the current month.

For example: Cancel before January 20th your membership will end Feb1st but your payment for January will still come out on the 5th or 20th.

Membership End Date: _____

Last Payment date: _____

Staff Signature _____

Date _____