



Kandiyohi County Area YMCA

PO Box 757 Willmar, MN 56201

Phone: (320)222-9622 Fax: (320)222-7197 Website: www.kandiyymca.org

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 2) _____ **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** _____