



We build strong kids, strong families, strong communities.

YMCA

800 East River Place
Jackson, MS 39202

Phone 601-944-1055 • Fax 601-944-1273

CORPORATE MEMBERSHIP CHANGE FORM

Membership Status may be changed only ONCE in a 12 month period.

Billing Member Name		FT ID Number	
Daytime Phone		Date of Birth	
Address			

Change of Address

Old Address		New Address	
Old Phone		New Phone	
Old Email		New Email	

Membership Change Request

Upgrade / Downgrade	From	To
Membership Type		
Dues Amount		
Family Members	Name	DOB / Gender
<i>Add or Delete</i>		___ / ___ / ___ M or F
<i>Add or Delete</i>		___ / ___ / ___ M or F
<i>Add or Delete</i>		___ / ___ / ___ M or F
<i>Add or Delete</i>		___ / ___ / ___ M or F
<i>Add or Delete</i>		___ / ___ / ___ M or F

Cancellation Request

Please check the reason (s) you are canceling your membership and any explanation:

- | | |
|---|--|
| <input type="checkbox"/> 1 Moving | <input type="checkbox"/> 6 Cost—Financial Aid needed to continue |
| <input type="checkbox"/> 2 Illness/Injury | <input type="checkbox"/> 7 Program—Displeased with _____ |
| <input type="checkbox"/> 3 Lack of Time | <input type="checkbox"/> 8 Facility—Displeased with _____ |
| <input type="checkbox"/> 4 Lost Interest | <input type="checkbox"/> 9 Staff—Displeased with _____ |
| <input type="checkbox"/> 5 Inconvenient | <input type="checkbox"/> 10 Other— _____ |

I understand the YMCA requires a 30 day written notice of cancellation to stop payroll deduction.

Member Signature		Date
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For Office Use Only:

Staff Member Initials	Effective date of cancellation	Membership #	Entered by	Date Entered