



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Number _____

GREATER SOMERSET COUNTY YMCA MEMBER EDIT FORM

Name _____ Date _____
 Address _____ E-mail _____
 City, State, Zip _____ Phone _____
 Signature _____

HOLD REQUEST (Please Note: Must have an active membership to register for or participate in a program as a member. No hold will be issued if a member is registered for or actively participating in a program.)

3-Month Limit

Reason for hold _____

Date hold begins _____ Next process date _____ Are you or any family members currently in programs? Yes No

HOLD AGREEMENT: I understand that I am allowed to hold my membership for up to 3 months in a calendar year. I will be charged \$15.00 for each month my membership is on hold. This fee is non-refundable. All holds begin on the 1st of the month and end on the last day of the month. The automatic Membership draft will begin on the first day of the month following the hold. I understand I am not allowed to use the facility or register for programs while my membership is on hold. All hold requests must be received by the 25th of the month to guarantee processing for the next billing cycle. Membership cannot terminate immediately following a hold.

UPGRADE/DOWNGRADE REQUEST

Membership Upgrade Membership Downgrade

Names of family members to be added to/removed from membership:

<input type="radio"/> Add <input type="radio"/> Remove	_____	_____	<input type="radio"/> M <input type="radio"/> F
	Name	Birth date	
<input type="radio"/> Add <input type="radio"/> Remove	_____	_____	<input type="radio"/> M <input type="radio"/> F
	Name	Birth date	
<input type="radio"/> Add <input type="radio"/> Remove	_____	_____	<input type="radio"/> M <input type="radio"/> F
	Name	Birth date	
<input type="radio"/> Add <input type="radio"/> Remove	_____	_____	<input type="radio"/> M <input type="radio"/> F
	Name	Birth date	

Please Note: Family memberships can include up to two adults. Up to an additional four adults (age 24+) can be added for a cost of \$33/month/person.
 Current Monthly Membership Rate: _____
 Cost change: _____
 I elect a new monthly draft of _____ effective _____

TERMINATION REQUEST (Please Note: A termination cannot be issued while a family member or individual is currently registered for or attending a program.)

COST Would you like information about financial assistance? Yes No **RELOCATION** **ILLNESS**

NOT USING FACILITY

Why _____

USING ALTERNATE FACILITY

Please specify _____

DISSATISFIED Please check which best applies: Programs Equipment Cleanliness Staff Schedule Conflicts

Other, please specify area _____

TERMINATION AGREEMENT: I understand that if I wish to terminate my membership, I may do so by giving the Y a 30-day written notice of cancellation. I understand that this means I will still have ONE FINAL draft and be an active member after the date that I have signed the cancellation form. I understand that my membership usage will expire 30 days from the final draft. We are sorry to see you go. We will be contacting you for feedback on your experience with us.

STAFF USE ONLY - MUST BE COMPLETED Bridgewater YMCA Hillsborough YMCA Princeton YMCA Somerset Hills YMCA Somerville YMCA

Has Upgrade or Downgrade been processed in system? Yes No

Date of Final Draft _____ Date Membership Expires _____ Membership Fee Collected _____ Staff Initials _____