



**CHANGE AGREEMENT**

YMCA OF NORTHERN ROCK COUNTY  
221 Dodge Street  
Janesville, WI 53548  
(608) 754-9622, downtown@ymcajanesville.org

PARKER YMCA  
1360 Parkview Drive  
Milton, WI 53563  
(608) 868-9622, parkery@ymcajanesville.org

MEMBER ID# \_\_\_\_\_

**PRIMARY MEMBER INFORMATION**

First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male/Female  
Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEMBERSHIP CATEGORY CHANGE**

From:  Household  Adult  Youth/Teen  Staff  Corporate  Senior  
To:  Household  Adult  Youth/Teen  Staff  Corporate  Senior

ADD OR DELETE MEMBERS:

NAME (LAST, IF DIFFERENT)	BIRTHDATE	GENDER	RELATIONSHIP TO PRIMARY	ADD/DELETE

**CHANGED MEMBERSHIP PAYMENT INFORMATION**

New Membership Type \_\_\_\_\_

Account Number: \_\_\_\_\_

Change Processed in CCC

Name on Account: \_\_\_\_\_

OR

Expiration date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Request Billing to Process

**ADD ONS:**

Full Locker  Half Locker  Towel Service  Hydro Massage

Monthly Draft First Draft Date \_\_\_\_\_

Full Pay

Amount \$ \_\_\_\_\_

**INITIAL TRANSACTION**

Prorate Fee \$ \_\_\_\_\_

Membership Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_

Account Type: \_\_\_\_\_

(if checking account, please attach a voided check)  Checking  Savings

**BANK DRAFT AUTHORIZATION**

As a convenience to me, I hereby authorize you to charge my account, payable to the order of Association. **The authority is to remain in effect until a Cancellation Form is complete and submitted by the 20th of the month prior to the draft date.**

Should any pre-authorized charge not be honored by my bank, I understand that I am responsible to make that payment and service fees incurred by the Association.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_