



MEMBERSHIP CHANGE REQUEST

Cancellation request must be submitted in writing to the GENEVA LAKES FAMILY YMCA by the 25th of the current month to affect the following month. No cancellations accepted by phone. Failure to correctly submit request by the correct date will result in that month's EFT being non-refundable.

PLEASE PRINT

Last Name: _____ First Name: _____ Birthdate: _____

E-Mail: _____ Phone _____

Signature: _____ Date: _____

Signature authorizes changes to this account

Termination

Cancellation will be effective immediately unless otherwise stated: _____

Do you have a locker? Yes No Do you have 24/7 access? Yes No Towel service? Yes No

Reason for termination? (Please check all that apply)

- Joined another club
 - Financial reason
 - Classes/Programs
 - Hours of operation
 - Lack of use
 - Relocation
- Other please explain: _____

Options for submitting Cancellation Request:

- (1) Complete, print and bring into the YMCA
- (2) Complete, print and mail to GENEVA LAKES FAMILY YMCA, ATTN: Member Services, 203 S. Wells St. Lake Geneva, WI.53147
- (3) Complete the form and email it to mike.coolidge@glymca.org. Please allow 24 hours for your Cancellation Request to be processed.

MEMBERSHIP ON HOLD (up to 3 months/year)

Circle Reason for Hold: Medical Work School Vacation Snow Bird

Circle the month(s) on hold: JAN FEB MARCH APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Membership will reactivate the month of: _____

MEMBERSHIP CHANGES MADE TO UNIT

Membership Category Change:

From _____

TO: (Circle change below)

- Youth
- Young Adult
- Adult
- Adult 2
- Adult 1 with Children
- Adult 2 with Children
- Senior 1
- Senior 2

\$10 Additional Adult Add-On

If applicable, list remaining member or additional member's name and Date of Birth:

Name _____ Date of Birth ____/____/____

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Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Staff Initials _____ Date ____/____/____ Processed by: _____ Date ____/____/____

FOB Hold__ Cancel__ Staff Initial ____ Term/Hold/Change E-mail__ Batch Check__ Staff Initial ____