



YMCA of Catawba Valley
Corporate Membership CHANGE/TERMINATION Form

Date: _____ Membership # If known (NOT CARD #): _____

*Member FULL Name: _____

ADDRESS: _____

Membership Change:

CHANGE Membership TYPE to _____

ADD Family Member(s) to Existing Membership (Must be a tax dependent)

Name _____ Birth Date _____ M / F

Name _____ Birth Date _____ M / F

Name _____ Birth Date _____ M / F

_____ Terminate existing YMCA branch membership to join with corporate plan.

Member ID # _____ Effective Date _____

_____ *Terminate Membership (effective date) _____

Reason For Termination:

___ Non-Use ___ Medical ___ Dissatisfied ___ Moving ___ Financial

___ Using Other Facility ___ **No longer employed** ___ Time Limitations

Comment _____

Other Changes:

_____ Name Change _____

_____ New Address _____

_____ New Phone# _____

Member Signature: _____ Date: _____

Company Name: _____

Human Resource Signature: _____

Date: _____

Please FAX this form to Linda Ross at the YMCA 324-2249 (fax)