



# YMCA OF CATAWBA VALLEY

## Corporate Membership Change/Termination Form

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Date: \_\_\_\_\_ Membership # if known (NOT CARD #): \_\_\_\_\_

### Membership Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Membership Change

Change Membership Type to: \_\_\_\_\_

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

First: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_M\_F Race: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

First: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_M\_F Race: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

First: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_M\_F Race: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Terminate existing YMCA branch membership to join with corporate plan:

Member ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### Terminate Membership

Effective Date: \_\_\_\_\_

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

- 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