



YMCA OF COLLIER COUNTY

Membership Status Change Form

PLEASE WRITE LEGIBLY

First Name		Last Name		Birth Date	
Mailing Address			City	State	Zip Code
Primary Phone	Additional Phone		Email		

• I understand that the YMCA of Collier County requires a Membership Status Change Form to be completed by me to make any changes to my membership, including stopping my bank draft. I understand that if my membership dues are withdrawn on the 1st of the month, my Status Change form must be received by the YMCA by the 20th of the prior month. I also understand that should I choose to rejoin within 90 days of cancellation, I will not be required to pay an additional joining fee. However, if I choose to rejoin after 90 days, I will be required to pay the joining fee, if applicable.

Signature of Cardholder/Account Holder	Parent/Guardian Signature (if member is under 18)	Date
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FOR OFFICE USE ONLY

REASON FOR CANCELLATION:

- Cost
- Did Not Use
- Dissatisfied
- Moving
- Seasonal
- Medical
- Other _____

If cancelling due to financial burden, would you be interested in our financial assistance program?

- YES
- NO

CHANGE REQUEST:

MEMBERSHIP HOLD

(allowed for up to 3 months, once per year)

Hold Dates From: _____ To: _____

Draft will automatically re-start on: _____

Cancellation Policy: A 30 day notice is requested to cancel your membership effective immediately or at the end of your current pre-paid monthly billing cycle. No refunds will be given for any unused portion of your last month of paid membership. Note that we never refund membership fees due to lack of use or non-attendance. Joining fees are non-refundable. This cancellation policy is for membership only and does not automatically cancel any current or upcoming program registrations. Cancellations and refunds for youth programs, sports, camps, swim lessons and specialty offerings are subject to a separate cancellation and refund policy.

Staff Signature	Date	Verified by	Date
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