

South Sound YMCA Membership Upgrade/Downgrade



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primary Member Information: _____
First Name
M.I.
Last Name

I hereby request that my membership with the South Sound YMCA be changed as indicated below.

Signature: _____ **Date:** _____

Have you or anyone on this application ever been convicted of a sexual offense against a minor?

Yes No

Membership Change

Membership Upgrade **OR** **Membership Downgrade**

Check a box below to indicate your New membership type:

Youth **Young Adult** **Adult** **Family1(*)** **Family2(*)** **Senior** **Senior Couple**
 Silver Sneaker **Military-**_____ **Other:** _____

All individuals over 18 years of age must sign the YMCA Release and Waiver of Liability Agreement.

*Family is defined as one or two adults and their dependents, who are under the age of 19 or a full-time student (with valid student ID) or person for whom the adult can claim a tax deduction. All family members must reside at the same address.

**A Membership Upgrade requires a payment at the time of processing for the difference in the price of Joining Fees. You will draft the new monthly amount on your next draft date.

Add	Remove	Name (First, M, Last)	Gender M/F	Date of Birth	Over 18 Y/N	Student Y/N	Dependent Y/N	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	_____		___/___/___				
<input type="checkbox"/>	<input type="checkbox"/>	_____		___/___/___				
<input type="checkbox"/>	<input type="checkbox"/>	_____		___/___/___				

Other Comments/Changes (Please Explain)

Member Service Staff Use Only

Received by: _____ **Date:** ___/___/___ **Raptor Checked for new members**

Sold Upgrade/Added Services Waiver Field Populated or Alert Added Attach Original Membership Application

