



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Change of Status Form

**YMCA Branch:**  **Pittsfield**  **Northern Berkshire**

**Member's name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### I would like to:

**Change the account my monthly dues are deducted from or charged to.**

Please fill out the form titled: Automatic Payment Authorization form. This form will provide areas for you to put your new account number and a voided check.

**Add or**  **Remove (check one) the following people to/from my membership:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

**Add the following amenity to my membership:**

Locker rental at \$4/month. Locker #: \_\_\_\_\_

Towel Service at \$7/month.

Pittsfield: Men's Health Center at \$24/month. Locker #: \_\_\_\_\_

**Place my membership on hold.** (Hold duration: Up to 3 months once per year. If you hold your membership longer than 3 months, you will be charged the joining fee to renew.)

Date hold is to start: \_\_\_\_\_ Date hold is to be removed: \_\_\_\_\_

Reason for hold (check one):  Medical  Vacation  Work  School  Other

**Cancel my membership.** (A 30-day notice is required for those memberships set up on our automatic deduction program. All cards must be returned to cancel a membership. Unfortunately, we do not reimburse for memberships that were paid in full.)

We always learn when our members cancel their memberships. Please tell us why:

Non-use  Relocation  Rate

Dissatisfied. Please tell us why: \_\_\_\_\_

Other. Please tell us why: \_\_\_\_\_

**Change my contact information:**

Former address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former phone number: \_\_\_\_\_

New address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New phone number: \_\_\_\_\_

Former email: \_\_\_\_\_

New email: \_\_\_\_\_

**Member's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff accepting this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BERKSHIRE FAMILY YMCA:** [www.berkshirefamilyymca.org](http://www.berkshirefamilyymca.org)

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