  
MEMBER DETAILS UPDATE FORM

PO Box 522

50 Clayton Road Narrogin WA 6312

Email: narrogin@ymca.org.au

Phone:9881 2651 . Fax: 9881 3700

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| **Member Name** | | |
| First Name: Last Name: | | |
| Contact (phone or email): | | |
| ***Only complete the relevant sections*** | | |
| **Change of personal details** | | |
| First Name: Last Name: | | |
| Email / Address: | | |
| Phone: Postcode: | | |
| Emergency Contact Name: Contact: | | |
| **Change of Membership option** *(select one from each box)* | | |
| 🞏 Centre 🞏 Gym  🞏 Aquatic 🞏 Crèche | 🞏 Adult 🞏 Child/Concession  🞏 Family | 🞏 Direct Debit 🞏 Three Months |
| **Membership Suspension** | | |
| From: / / To: / / | | |
| Reason: | | |
| **Membership Cancelation** | | |
| From: / / | | |
| Reason: | | |
| Notification of cancellation must be processed in person by completing the appropriate Member Request Form. 14 days notice on an active direct debit membership is required therefore the following fortnight’s fees will be deducted. Cancellations will only be received in person at the Centre. Cancellations will not be accepted over the phone. | | |
| **Change of Bank Details** | | |
| BSB Number: - Account No: | | |
| Financial Institution: Branch: | | |
| Account Name: Signature: | | |
| **Office use only** | | |
| Fee Payable: Entered into Links (Init): Entered into Tracking sheet (Init): | | |

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| **Change of Credit Card** |
| Card Type: 🞏 MasterCard 🞏 Visa Signature: |
| Card Number: - - - - Expiry: / |
| Account Name: Signature: |