

YMCA Ammendment Form

Responsible Person (Account Holder):		Student Details:	
Links ID no:		Links ID no:	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
Suburb:		Suburb:	
Phone (M):		Phone(M):	
Phone (H):		Phone (H):	
<input type="checkbox"/> Change of Membership Details (to be completed by customer service)			
Change of Membership Type From:		To:	
New Payment Amount: Direct Debit: \$		/ Fortnight	Next Debit Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Comments:			
<input type="checkbox"/> Change of Class Details (to be completed by customer service)			
Change Class From:		Mon Tues Wed Thurs Fri Sat Sun	Time(s): Total Hours/week:
Change Class To:		Mon Tues Wed Thurs Fri Sat Sun	Time(s): Total Hours/week:
New Payment Amount: Direct Debit: \$		/ Fortnight	Next Debit Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Comments:			
<input type="checkbox"/> Change of Direct Debit Details (to be completed by customer service)			
Name of Bank:		Branch:	Name on Account or Credit Card:
Bank Details: BSB No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Credit Card Details: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Visa/Mastercard/Bankcard (Please Circle) Expiry /			
<input type="checkbox"/> Membership Suspension (to be completed by customer service)			
Please see Membership Agreement for Suspension Terms and Conditions.			
Membership suspension will not be authorised if membership payments are outstanding.			
Suspended From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
Next Debit Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Reason for Suspension? _____			
<input type="checkbox"/> Membership Cancellation <input type="checkbox"/> Class Cancellation <input type="checkbox"/> All <input type="checkbox"/> (to be completed by customer service)			
Please see Membership Agreement for Cancellation Terms and Conditions.			
If at any stage a YMCA Member can not make payments, the Member may apply for fee assistance if that participant is willing to pay but unable. Conditions apply, please speak with Centre Management.			
Membership cancellation will not be authorised if membership payments are outstanding.			
Last Debit Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Date Membership Ends: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
Would you like to be taken off our mailing list? Y/N Reason for cancelling? _____			
Member Signed:		Member Name:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Staff Signed:		Staff Name:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>