



NEW CANAAN YMCA E-Pay Membership Re-Activate Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Date: _____ Billable First Name: _____ Billable Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____ E-Mail: _____

Reason Membership is currently inactive:

- Medical _____
(Signed note on Physician's letterhead is required before my membership can be re-activated to ensure that I am physically able to resume membership). Physician's Note attached _____
- Travel _____

Statement of Understanding

I understand that if the effective date of my re-activated membership differs from my next scheduled E-Pay date, the next E-Pay* will include a pro-rated amount.

*Credit card payment includes a convenience fee of \$3.00/monthly.

Reactivate Date: _____ My monthly next E-Pay withdrawal date: ___/1/___ or ___/15/___

Billable Name (Print Clearly): _____

Billable party signature as you sign your checks/credit card: _____

If you have any questions, you may contact the Accounting Administrator:

Leslie Figueroa : Email: lfigueroa@newcanaanymca.org Phone: 203-966-4528, ext. 166

FRONT DESK ONLY

Membership Type	Circle one:	Monthly Payment	Draft Date	Reactivate Date
	Credit or Checking			

I have reviewed this form with the member and provided him/her with a copy. Date: _____ Initials: _____

Physician's note attached: _____

Entered Front Desk **note** on member's page in Trinexum: Date: _____ Initials: _____