



# MEMBERSHIP CHANGE FORM

Today's Date \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Household Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## REASON FOR CHANGE

- Update Monthly Membership Billing
- Upgrade Individual Membership to Family or Adult/Child Membership
- Upgrade 3 Month Membership to Annual Membership
- Upgrade Off Peak Membership to Full Use Membership
- Add Fitness Flex—15 Class Pass
- Add Fitness Flex—25 Class Pass
- Add Household Member **(Must Provide Proof of Residency)**
- Delete Household Member\*\*

\*\* Limited circumstances only. Management reserves the right to not grant cancellations/deletions based upon Community Center Cancellation Policy.

## HOUSEHOLD MEMBERS TO ADD/DELETE

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

## PAYMENT TYPE

Payment in Full \_\_\_\_\_  Monthly Billing \_\_\_\_\_

## CHANGE BILLING INFORMATION

**CREDIT CARD** Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV # \_\_\_\_\_

Name on Card \_\_\_\_\_

**CHECKING** Routing Acct. # \_\_\_\_\_ Checking # \_\_\_\_\_

*(Please attach voided check if there is a change)*

## AUTHORIZATION

Signature of Requesting Patron \_\_\_\_\_

Effective Date \_\_\_\_\_

## STAFF USE ONLY:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_