



MEMBERSHIP CHANGE FORM

Today's Date _____ Phone # _____

Primary Household Name _____

Address _____

City/Town _____ State _____ ZIP _____

REASON FOR CHANGE

- Update Monthly Membership Billing
- Add Fitness Flex—15 Class Pass
- Add Fitness Flex—25 Class Pass
- Add Household Member **(Must Provide Proof of Residency for ages 18+)***

** NOTE: Adding a member(s) to an account may result in a change to the membership type. Additional fees will be charged accordingly upon processing. Monthly billing amounts may also increase.*

- Delete Household Member**

*** NOTE: Deleting a member from a membership is considered a cancellation. Cancellation requests submitted after the 15th of the month will be billed at the current rate for the subsequent month. All cancellations are scheduled to take effect on the last day of the final month billed.*

HOUSEHOLD MEMBERS TO ADD/DELETE

PROOF OF RESIDENCY ATTACHED

Name _____	DOB _____	<input type="checkbox"/>
Name _____	DOB _____	<input type="checkbox"/>
Name _____	DOB _____	<input type="checkbox"/>

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: _____