



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: _____