



MEMBERSHIP CHANGE FORM

Primary Member Name: _____

PLEASE CONFIRM THE INFORMATION BELOW

Address: _____ City: _____ State: _____

Email: _____ Zip: _____

Phone # (Primary): _____

MEMBERSHIP UPGRADE OR DOWNGRADE

FROM TYPE: _____ TO TYPE: _____

FAMILY MEMBERS TO ADD/REMOVE: (Circle where appropriate)

ADD/REMOVE	1. _____	DATE OF BIRTH	____/____/____	M/F
ADD/REMOVE	2. _____	DATE OF BIRTH	____/____/____	M/F
ADD/REMOVE	3. _____	DATE OF BIRTH	____/____/____	M/F
ADD/REMOVE	4. _____	DATE OF BIRTH	____/____/____	M/F

MEMBER SIGNATURE: _____ DATE: _____

Y STAFF NAME: _____ DATE: _____