



# MEMBERSHIP CHANGE FORM

Primary Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

## PLEASE CONFIRM THE INFORMATION BELOW

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

## MEMBERSHIP UPGRADE OR DOWNGRADE

FROM TYPE: \_\_\_\_\_ TO TYPE: \_\_\_\_\_

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

ADD/REMOVE	1. _____	Birthday _____/_____/_____	M/F
ADD/REMOVE	2. _____	Birthday _____/_____/_____	M/F
ADD/REMOVE	3. _____	Birthday _____/_____/_____	M/F
ADD/REMOVE	4. _____	Birthday _____/_____/_____	M/F

EFT or credit card withdrawal date: 1st or 15th First deduction month: \_\_\_\_\_

## MEMBERSHIP HOLD (full calendar month)

HOLD START DATE: \_\_\_\_\_ HOLD END DATE: \_\_\_\_\_

REASON: Work \_\_\_\_\_ Medical \_\_\_\_\_ Vacation/Travel \_\_\_\_\_ Other \_\_\_\_\_

Maximum hold is 3 calendar months per year. Membership will be automatically reactivated at the end of hold.

## MEMBERSHIP TERMINATION

<b>CIRCLE ONE</b>	Financial	illness/Injury	Moving	Return to College	Rate Increase
	Dissatisfaction	Deceased	Joined Another Y	Another Facility	Other _____

A 30-day notice is required for termination. Last Day of Active Membership will be: \_\_\_\_\_

I UNDERSTAND THAT ANY CHANGES TO MY MEMBERSHIP OR PAYMENT METHOD REQUIRES 30 DAYS NOTICE.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Y STAFF NAME: \_\_\_\_\_ DATE: \_\_\_\_\_