

# MEMBERSHIP CHANGE FORM



## MEMBER INFORMATION

Please complete top portion, and fill out appropriate section for your change/cancellation request.

PLEASE UPDATE MY CONTACT INFORMATION

### PRIMARY MEMBER

NAME (FIRST, MIDDLE, LAST)

FORMER NAME ON MEMBERSHIP PLAN (IF APPLICABLE)

CELL

WORK PHONE

EMAIL

BIRTHDATE

MALE  FEMALE

MEMBERSHIP CARD #

ADDRESS

CITY

STATE

ZIP

## I WOULD LIKE TO CHANGE MY MEMBERSHIP TYPE OR ADD/REMOVE MEMBER(S) ON MY ACCOUNT

### I WOULD LIKE TO CHANGE MY MEMBERSHIP TYPE:

#### Please Select Your current Membership Type(s):

- ADULT  TEEN  YOUTH  INFANT  
 FAMILY  SENIOR  SILVER&FIT®/SILVERSNEAKERS®

#### Please Select Your new Membership Type(s):

- ADULT  TEEN  YOUTH  INFANT  
 FAMILY  SENIOR  SILVER&FIT®/SILVERSNEAKERS®

### I WOULD LIKE TO ADD/REMOVE THE FOLLOWING INDIVIDUAL(S) TO MY FAMILY MEMBERSHIP:

NAME (FIRST, MIDDLE, LAST)

ADD  REMOVE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY MEMBER

MALE  FEMALE

NAME (FIRST, MIDDLE, LAST)

ADD  REMOVE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY MEMBER

MALE  FEMALE

**REASON FOR REMOVAL:**  FEES TOO HIGH  MEDICAL  NO TIME  FACILITY TOO CROWDED  DISSATISFIED WITH STAFF  MOVED

OTHER:

## I AM REQUESTING TO CANCEL MY MEMBERSHIP AND AUTOMATIC MONTHLY PAYMENTS

I am the signer of the Authorization Agreement for Automatic Payments. I understand I must submit a written request to cancel a membership and to discontinue the corresponding debit entry/entries to my (our) payment account on record with The Salvation Army Community Center accounting department by the **10th of the current month** in order to become effective in the following month. If I elect to reopen my membership(s), the appropriate registration fee will apply.

NAME OF BANK ACCOUNT HOLDER

LIST OF ALL MEMBER(S) TO BE CANCELLED

SIGNATURE OF BANK ACCOUNT HOLDER

DATE

**REASON FOR CANCELLING:**  FEES TOO HIGH  MEDICAL  NO TIME  FACILITY TOO CROWDED  DISSATISFIED WITH STAFF  MOVED

OTHER

DO YOU KNOW ABOUT OUR FINANCIAL ASSISTANCE SCHOLARSHIP PROGRAM?  YES  NO

This form serves as an addendum to the original Membership Form. The original Terms of Membership apply to all members, including any members added on this Membership Changes & Cancellation Request Form. By signing this form, I agree that I have read and understand The Salvation Army Red Shield Community Center's Terms of Membership.

MEMBER SIGNATURE

DATE

CHANGE/CANCELLATION WILL TAKE EFFECT ON

MEMBER INITIALS

EMPLOYEE INITIALS