

Membership Account Change Notice



Date _____ Member Name _____ Member# _____

NOTE: Billing is processed on the 20th of each month. Any changes received after the 20th of the month will be effective the following billing cycle. (Example: A personal hold turned in on May 21st would be processed effective July 1st)

EFT Information Change

Attach voided check or write credit card information

Credit Card # _____ Exp Date _____

Membership Hold Options

Medical Hold _____
Start date _____ Return date _____

Personal Hold _____
Start date _____ Return date _____

Members requesting medical hold are responsible for submitting a Dr.'s note within one month of initial incident. Monthly dues will be dropped to \$25 during Medical Hold (minimum one month, maximum three months). Regular billing will resume after medical hold period.

Members are responsible for paying \$25 per month per membership during the Personal Hold. Members may not use the center for any reason during Personal Hold. Memberships may be held a minimum of one month and a maximum of three months during a 12 month period. Full calendar months only.

Membership Upgrade or Downgrade

Upgrade _____ Downgrade _____ Dues will change from \$ _____ to \$ _____ Prorate \$ _____

Change membership from _____ to _____ Beginning _____

Name _____ DOB _____ Add _____ or Drop _____

Name _____ DOB _____ Add _____ or Drop _____

Name _____ DOB _____ Add _____ or Drop _____

Membership Renewal

Membership Type _____ \$ _____

Old Expiration Date _____ New Membership Expiration Date _____

Change of Address/Phone/Email/Name

Name _____ Phone Number _____

Address _____ City _____ Zip _____

Email _____

Notes

Member Signature _____ Date _____

Staff Initials _____ Date Received _____ Date Effective _____

White copy Accounting

Yellow copy Member