



### Membership Change Form

**Membership Change Form**

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Branch: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

**Change of Personal Information:**

Legal Name: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

(City) (State) (Zip)

**Change of Membership Type:**

Current Type: \_\_\_\_\_ New Type: \_\_\_\_\_

(Please Circle) Add/Remove Member Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

(Please Circle) Add/Remove Member Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

(Please Circle) Add/Remove Member Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

**Change of Payment Method:**

Bank Account: Please provide voided check

Credit Card: Please have card available for copy

(Please Circle) Checking Savings

Card Number: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card Type: \_\_\_\_\_

**Request for Membership Hold**

Please allow 5 days notice for a hold to take effect. Members are eligible to place account on hold up to 90 days annually.

Draft Date: \_\_\_\_ 1<sup>st</sup> \_\_\_\_ 15<sup>th</sup>

Reason for Request: \_\_\_\_\_

Hold Start Date: \_\_\_\_\_

Hold End Date: \_\_\_\_\_

Draft Resumes: \_\_\_\_\_

**Authorization for Changes, Please sign below:**

Primary Member: \_\_\_\_\_

Date: \_\_\_\_\_

**Staff Use Only:**

Date and Time Processed: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Copy Delivered to Member: \_\_\_\_\_

File Pulled: YES NO

Audited By: \_\_\_\_\_