

Staff Initial: _____

HH ID No: _____

Date Rcvd: _____

Membership Change Request Form



Member Name: _____ **Date of Birth:** ____ / ____ / ____

1. Current Address: _____

City: _____ State: _____ Zip: _____

2. Current phone number: ____ (____) ____ - ____ (type: home - work - cell) _____

3. Current E-Mail address: _____

4. Transfer Pass Type From: _____ To: _____ New Amt _____

5. Member additions: 1. _____ DOB ____ / ____ / ____

2. _____ DOB ____ / ____ / ____

3. _____ DOB ____ / ____ / ____

6. Member subtractions: 1. _____ DOB ____ / ____ / ____

2. _____ DOB ____ / ____ / ____

3. _____ DOB ____ / ____ / ____

7. New Checking/Savings Account Information *voided check attached*

Bank Name: _____ Name on Account: _____

Routing #: _____ Acct. #: _____

8. *New Credit Card information (Visa, MC, AmX)copy of card attached*

Card #: _____ Exp: ____ / ____ / ____

9. Freeze/extend membership from: _____ to: _____ Begin draft on: _____

Reason: _____ *Dr.'s Note Attached*

10. Change Draft Date from: ____ / ____ / ____ to: ____ / ____ / ____

11. *30-Day Cancellation Notice Date: ____ / ____ / ____ (*One final payment will be debited from your account)

Reason: _____

Account Holder's Signature: _____ **Date:** _____

For Office Use Only
Date: ____ / ____ / ____ Approved: _____ Denied: _____ Supervisor: _____
Reason: _____