

ROCKREATION MEMBERSHIP CHANGE FORM (12/06)

Today's Date: _____ Staff name: _____

Effective date _____ / 01 / _____Member name _____ Member # _____
Last First

Telephone (home) _____ (work) _____ Email _____

Current Membership Type

- | | | |
|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Prepaid _____ months | <input type="checkbox"/> Visa/MC |
| <input type="checkbox"/> Family | <input type="checkbox"/> Annual EFT | <input type="checkbox"/> Checking |
| <input type="checkbox"/> Other (Corp) | <input type="checkbox"/> Monthly | |

CHANGES

Note: Any Change to the type of membership, number of family members or price, must be accomplished by canceling the existing membership and filling out a new membership contract. Annual EFT Memberships can only be canceled if the member fills out a new Annual EFT Membership to replace the old membership

☐ **Change telephone to:** Home () _____ Work () _____☐ **Change address to:** Street _____
City _____ State _____ Zip _____☐ **Freeze (circle months)** JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
Freeze fee of \$ _____ collected on ____/____/____ ☐ Visa/MC ☐ Check ☐ Cash
New membership expiration date: ____/____/____ Next billing date: ____/____/____.
(EFT billing will resume at the end of the freeze period at the current monthly rate)☐ **Cancel membership** Reason for canceling: _____
\$ _____ total Fees Collected (breakdown on next line)
\$ _____ in Normal Dues \$ _____ in Late Fees \$ _____ in Cancellation Fees☐ **Change payment method:** from _____ ☐ Checking ☐ Visa/ MC
to _____ ☐ Checking (attach voided check) ☐ Visa/ MC**Changes in billing require completion of the following information**

I, (print name) _____ authorize my bank to make payment directly to my health club by the method indicated and post it to my account. I understand that I am in full control of my payment, and of at any time I decide to change this method of payment, I will notify the club by the 15th day of the month prior to the month I want to initiate any, change, freeze or cancellation. I also understand that changing this payment does not relieve me of any obligations I may have to the Club.

Signature _____
Credit card # _____Date _____
Exp. Date ____/____/____

By signing below I understand and acknowledge that the above changes will take effect the first day of the calendar month following the date of this request, if the request was made by the fifteenth of the month. If changes were requested after the fifteenth of the month the changes will take effect the first day of the second calendar month after the request.

Member signature _____ Date _____