



CENTER FOR HEALTH AND WELLNESS

Membership Account Change

All requests for membership changes must be received in writing and all cancellations of membership must be submitted 30 days in advance of effective date.

Today's Date of Request _____

Effective Date of Change: _____ *(Manager to complete)*

Print Name _____

DOB: _____ Current Membership Type: _____ \$ _____/mo.

Membership Type Change

New Membership Type: _____

Fitness ID (Required for insurance provider memberships): _____

Membership fees will change from: \$ _____ /month to \$ _____ /month

Additions or Removals of Members

(Children must be 14-22 years and living at home)

Addition (family members)

Removal (family members)

Additional Name: _____ DOB: _____

Additional Name: _____ DOB: _____

Membership fees will change from: \$ _____ /month to \$ _____ /month

I authorize the above changes to be made to my Membership Account

Signature: _____ Date: _____