

Membership Change Form



RAY & JOAN
KROC CENTER
COEUR D'ALENE, ID

TODAY'S DATE:

*I understand that membership fees and dues are non-refundable. _____
INITIALS

*I understand that all items below must be initialed and signed to complete changes, incomplete forms will be discarded after 30 days. _____
INITIALS

PRIMARY MEMBER INFORMATION

LEGAL NAME (FIRST, MIDDLE, LAST) _____

MEMBERSHIP CARD # _____

BIRTHDAY _____

PHONE _____

EMAIL _____

HOUSEHOLD INFORMATION

ADDRESS _____

CITY _____

STATE _____

ZIP _____

*I understand that all adults are allowed to make changes to the membership plan. _____
INITIALS

*I understand that my first automatic payment is on the first business day of the month. _____
INITIALS

RESCIND MY CANCELLATION REQUEST

☐ MEMBERSHIP ☐ HYDROMASSAGE ☐ PLAY CARE

MEMBERSHIP CHANGES

DO YOU WANT TO: ☐ ADD MEMBERS ☐ REMOVE MEMBERS _____

ARE YOU: ☐ UPGRADING ☐ DOWNGRADING

CURRENT PLAN: DISCOUNT ☐ NO ☐ YES: _____

NEW PLAN: DISCOUNT ☐ NO ☐ YES: _____

LIST NAMES OF EVERYONE WHO SHOULD BE ON THE MEMBERSHIP PLAN AFTER CHANGE IS MADE, INCLUDING SELF IF APPLICABLE, ON THE BACK.

*I understand that membership downgrades will need to be submitted by the 20th of the month to be effective the following month. _____
INITIALS

*I understand that membership upgrades will take effect within 5 business days of submission. _____
INITIALS

BANK INFORMATION

I authorize the card on file ending in _____ may be used to complete this change.

This form serves as an addendum to the original Membership Form. The original Terms of Membership apply to all members, including any members added on this Membership Changes & Cancellation Request Form. By signing this form, I agree that I have read and understand The Salvation Army Kroc Center's Terms of Membership.

MEMBER SIGNATURE _____

DATE _____

REMINDER: LIST NAMES OF EVERYONE WHO SHOULD BE ON THE MEMBERSHIP PLAN AFTER CHANGE IS MADE, INCLUDING SELF IF APPLICABLE, ON THE BACK.

PLEASE LIST BELOW ALL WHO SHOULD BE ON THE MEMBERSHIP PLAN AFTER THE CHANGE IS MADE, INCLUDING SELF IF APPLICABLE

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

NAME			DOB	RELATIONSHIP TO PRIMARY	HYDROMASSAGE ☐ YES ☐ NO
FIRST	MIDDLE INITIAL	LAST			

*I understand that the HydroMassage Beds are an additional cost and must be added as an auto payment add-on to my membership. I understand that this is not automatically on my plan, and I must confirm with The Kroc front desk to sign up. I understand that with payment, I can use the HydroMassage Beds for one session per day. _____
INITIALS

IF ADDING HYDROMASSAGE TO CURRENT MEMBERSHIP, PLEASE LIST ALL HOUSEHOLD MEMBERS WHO WILL ADD HYDROMASSAGE:

NAME	NAME
NAME	NAME
NAME	NAME
NAME	NAME

FOR FRONT DESK STAFF USE ONLY:

RECEIVED BY	DATE

FOR OFFICE USE ONLY:

RECEIVED BY	DATE

NOTES: