

Membership Change Form

PRIMARY MEMBER INFORMATION

NAME (FIRST, MIDDLE, LAST)	DATE
BIRTHDAY	MEMBERSHIP CARD #
EMAIL	PHONE

HOUSEHOLD INFORMATION

ADDRESS		
CITY	STATE	ZIP

MEMBERSHIP CHANGES

CHANGE WILL TAKE EFFECT ON: _____

NUMBER OF PEOPLE ON YOUR CURRENT PLAN _____

DO YOU WANT TO: ☐ ADD ☐ REMOVE ☐ REPLACE ☐ NO MEMBER CHANGE

ARE YOU: ☐ UPGRADING ☐ DOWNGRADING ☐ NO PLAN CHANGE

CURRENT PLAN: _____

DISCOUNT: ☐ SCHOLARSHIP ☐ STAFF ☐ NIPT ☐ CORPORATE: _____ ☐ OTHER ☐ NONE

NEW PLAN: _____

DISCOUNT: ☐ SCHOLARSHIP ☐ STAFF ☐ NIPT ☐ CORPORATE: _____ ☐ OTHER ☐ NONE

PLEASE LIST BELOW ALL WHO SHOULD BE ON THE MEMBERSHIP PLAN AFTER THE CHANGE IS MADE

NAME (FIRST, MIDDLE, LAST)	DOB	<input type="radio"/> MALE	<input type="radio"/> FEMALE
RELATIONSHIP TO PRIMARY MEMBER	MEMBER #		
NAME (FIRST, MIDDLE, LAST)	DOB	<input type="radio"/> MALE	<input type="radio"/> FEMALE
RELATIONSHIP TO PRIMARY MEMBER	MEMBER #		
NAME (FIRST, MIDDLE, LAST)	DOB	<input type="radio"/> MALE	<input type="radio"/> FEMALE
RELATIONSHIP TO PRIMARY MEMBER	MEMBER #		
NAME (FIRST, MIDDLE, LAST)	DOB	<input type="radio"/> MALE	<input type="radio"/> FEMALE
RELATIONSHIP TO PRIMARY MEMBER	MEMBER #		
NAME (FIRST, MIDDLE, LAST)	DOB	<input type="radio"/> MALE	<input type="radio"/> FEMALE
RELATIONSHIP TO PRIMARY MEMBER	MEMBER #		
NAME (FIRST, MIDDLE, LAST)	DOB	<input type="radio"/> MALE	<input type="radio"/> FEMALE
RELATIONSHIP TO PRIMARY MEMBER	MEMBER #		

HYDROMASSAGE ADD-ON (OPTIONAL)

NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> KEEP
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> KEEP
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> KEEP
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> KEEP
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> KEEP
NAME (FIRST, MIDDLE, LAST)	<input type="radio"/> ADD	<input type="radio"/> KEEP

IF YOU HAVE HYDROMASSAGE ADDED ON TO YOUR MEMBERSHIP ALREADY, AND DON'T SELECT KEEP THEN IT WILL BE REMOVED AUTOMATICALLY.

BANK INFORMATION

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

CURRENT CARD ON FILE _____

DO WE NEED TO CHANGE THIS CARD? ☐ YES ☐ NO

IF YES, MAKE THIS CHANGE AT THE FRONT DESK AND LIST LAST FOUR NUMBERS OF NEW CARD _____

WOULD YOU LIKE US TO REMOVE OLD CARD FROM YOUR ACCOUNT? ☐ YES ☐ NO

PLEASE INITIAL BELOW NEXT TO EACH STATEMENT:

1. I understand that membership changes must be submitted in writing by the 20th of the month to be effective for the following auto payment.
2. I understand that membership fees and dues are non-refundable.
3. I understand that my first automatic payment is on the first of the month.
4. I understand that all adults are allowed to make changes to the membership plan.
5. 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.

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.

If turned in without signature, changes will not be processed until the Membership Change Form is signed.

Unsigned forms will be discarded after 30 days. A \$10 processing fee may be applicable.

MEMBER SIGNATURE	DATE
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FOR FRONT DESK STAFF USE ONLY:

RECEIVED BY	DATE
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FOR OFFICE USE ONLY:

RECEIVED BY	DATE
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NOTES: