

MEMBERSHIP RENEWAL/CANCELLATION/CHANGE FORM



Please complete appropriate section(s) for your change

We must receive this completed form by the **25th** of the month to affect your next draft.

- A. **Renew** my membership
- B. **Change my Membership** type or the member(s) on my membership
- C. **Change my Account Information**
- D. Put my membership on **Hold**
- E. **Cancel** my Membership

Staff Use Only
Date Recv'd: _____
Staff: _____

MUST BE COMPLETED AND SIGNED BY THE AUTHORIZED ACCOUNT HOLDER

A. Member Information.

Enroll # _____

Name (Last) _____ (First) _____ (M) _____ DOB _____

Phone (Home) _____ (Cell) _____ (Work) _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

B. Change my Membership. Select the NEW membership type

- General
 Value
 Youth
 Adult
 Senior
 Family
 Single Parent Family
 Annual
 EFT

I would like ADD/REMOVE the following individual(s) to/from my Family Membership

Name: _____	Date of Birth: ____/____/____	Age ____	M / F
Name: _____	Date of Birth: ____/____/____	Age ____	M / F
Name: _____	Date of Birth: ____/____/____	Age ____	M / F
Name: _____	Date of Birth: ____/____/____	Age ____	M / F

C. New Account Information. We MUST have a completed EFT Authorization for the account holder.

Name of Account holder: _____ Type of Account: Checking Credit Card

Financial Institution: _____ Credit Card Type: _____

Routing Number: C.C. Security Code: _____

Account Number: C.C. Exp Date: _____

D. Put Membership on Hold

- Dormant (EFT only, will be drafted \$10.00/month for 2-6 months) Start Month: _____ thru Month: _____
- Medical (EFT will be drafted \$1.00/month) Must submit a doctor's note to activate & de-activate a Medical Hold.

E. Cancel Membership(s) under these names: _____

1. Reason for leaving:

- Fees too high
 Medical
 Moved
 No Time
 Do not use
 Facility too crowded
 Dissatisfied with Staff
- Joined another facility (which?) _____
- Facilities inadequate (please explain) _____
- Program inadequate (please explain) _____

2. Reason for initially joining:

- Get in Shape
 Social
 Recommendation
 Affordable Rates
 Programs _____
- Medical
 Convenient Location
 Other: _____

3. Do you have any children currently enrolled in Kroc Center Programs? Yes No

4. Do you know about our Financial Assistance Scholarship Program? Yes No May we contact you? _____

5. Did you find our staff helpful and knowledgeable? Always Sometimes Rarely

6. Do you have any comments or suggestions that might help us serve our members better? _____

Signature (of authorized account holder): _____

Date: _____