



MEMBERSHIP CHANGE FORM

Name _____ Card Number _____

New Address: _____

Phone Number: _____

MEMBERSHIP CHANGE

ADD ON _____ MEMBER

_____ JOINING ACCOUNTS (2 members are combining their membership)

_____ BLUE KEY

DROP _____ MEMBER

_____ BLUE KEY

NAME OF MEMBER(S)	DOB	CARD NUMBER	HEALTH HISTORY
1. _____			<input type="checkbox"/>
2. _____			<input type="checkbox"/>
3. _____			<input type="checkbox"/>
			<input type="checkbox"/>

**DROPS WILL TAKE EFFECT ON THE FOLLOWING MONTH EFT

CHANGE IN EFT METHOD

NEW CARD NUMBER
_____/_____/_____/_____ EXPIRATION DATE ____/_____
CVV # _____ ZIP _____

CHECKING ACCOUNT (PLEASE ATTACH A VOIDED CHECK)

Bank Name _____ Routing Number _____ Account Number _____

Member Signature _____ Date _____

Staff Signature _____ Date _____