

MEMBERSHIP CHANGE FORM



Name _____

Membership Card Number _____

ONLY COMPLETE INFORMATION THAT HAS CHANGED.

New Address: _____

Phone Number: _____

MEMBERSHIP CHANGE

- ADD ON** _____ MEMBER/S
_____ JOINING ACCOUNTS (2 members are combining their membership)
_____ 24-HR FOB (New #: _____)
_____ LOCKER (Complete additional form)
- DROP** _____ MEMBER
_____ 24-HR FOB
_____ LOCKER

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

**DROPS WILL TAKE EFFECT ON THE FOLLOWING MONTH EFT

CHANGE IN EFT METHOD

MONTHLY CHARGES

I authorize the Hallett Center of Crosby ("Center") to deduct my monthly total on the 5th of each month from either a bank account or credit card. This authorization is to remain in effect until the Center has collected for all charges assessed in connection with the terms and conditions of this addendum of the Membership Agreement. I have the right to stop payment on an automatic debit by notifying my bank. This, however, does not void my Agreement with the Center to fulfill my payment commitment, and I am obligated to pay by some other method.

Checking Account

OR

Credit Card

Routing Number & Bank Name

Credit Card Number

Account Number (Voided Check Required to Process)

Expiration Date

CVV

Billing Zip

Authorization Signature: _____

Member Signature

Date

Staff Signature

Date