



Fitness. Family. Community.

Membership Update

Date

- New Contact Info
- Cancellation
- Freeze
- Downgrade
- New Bank Draft
- Reactivation
- Upgrade

Contact Information *(Please print clearly and complete all information)*

First Name		Last Name		
Street Address		City	State	Zip
Email				
Primary Phone	Employer		Gender	Date Of Birth
Emergency Contact Name		Relationship To Member		Phone
Parent/Guardian (if Member is under 18)			WCC Card Number	

Additional Family Members *(Complete for Family/Couples Membership Only)*

Spouse/2nd Adult's Name		Date Of Birth	Gender	Add/Remove
Email		Phone		
Name	Date Of Birth	Gender	Add/Remove	
Name	Date Of Birth	Gender	Add/Remove	

Membership Upgrade/Downgrade

Membership Type From	New Monthly Rate
Membership Type To	Effective Date

Cancellation/Freeze/Reactivation *(if medical - note must be attached)* **Membership Length Over 12 months** Yes No

Cancel/Freeze Date	Reason	Reactivation Date <i>(if known)</i>
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New Payment Information *(Complete for Monthly Draft information Only)*

Credit Card <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> AMEX <input type="radio"/> Discover Credit Card Number Expiration Date	Bank Draft <input type="radio"/> Savings <input type="radio"/> Checking Bank Name Account Number Routing Number
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Cancellations, freezes or changes to membership must be done in writing 5 days before the next scheduled membership payment. By signing this document, I understand and authorize changes made to my (our) membership at the Whitin Community Center (WCC).

Signature

Date

