

MEMBERSHIP ADD/CHANGE/PAYMENT FORM

FOR OFFICE USE ONLY

Please fill out a form for each new member, for members who have renewed, for changes in membership information, or banking information.

New **Renewal** **Summer ONLY**

NAME: _____ DATE: _____

Membership Type Family SPF Adult + One Adult Extended Fee # _____
 Youth Teen Senior Senior Couple

Payment Plan: Bank Draft Annual in Full (1mth free)
 Other: _____ (per less)

Monthly Bank Draft Amount if different than: \$ _____

Date Joined: _____ Receipt#: _____ (please copy receipt and attach to form)

Change Membership Information

Membership Type: From: _____ To: _____ New deduction: _____

(please add additional family members to original membership form by primary member)

Change of Address: _____ Date changed: _____ Staff init. _____

Change Bank Draft Information

All new information will be submitted on a new bank draft authorization form with new voided check, copy of driver's license, copy of credit card. **Must have new signed form with changes.**

Date entered into membership database: _____ Staff initials _____

Date entered into bank draft: _____ Staff initials _____

Email Entered Cards made# _____

Welcome Letter Sent _____ Member Director Initials _____