



Believe. Become. *Belong.*

MEMBERSHIP CHANGE REQUEST FORM
ADD A MEMBER

Member Name: _____ Member Number: _____

Change my membership category to (please check one):

Individual Couple Family Social

Please add the following members to my membership:

Last Name: _____ First Name: _____ MI: _____ Sex: _____

Telephone Number: _____ DOB: _____ Email: _____

Charging Privileges: YES NO

***Change to account will be made effective immediately, and any adjustment to dues will be prorated for the appropriate amount based upon date of being effective.**

Member Signature

Date

Accepting Associate