



## Membership Change Form

Member Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### CHANGE OF MEMBERSHIP TYPE

**CURRENT MEMBERSHIP TYPE:**

\_\_\_\_\_

**CHANGE TO MEMBERSHIP TYPE:**

\_\_\_\_\_

**ADD/DROP: Please list names you wish to add/drop from your current membership and circle add or drop:**

Add/Drop	First / Last Name	Gender	DOB	Grade
Add/Drop	_____	Male/Female	_____	_____
Add/Drop	_____	Male/Female	_____	_____
Add/Drop	_____	Male/Female	_____	_____
Add/Drop	_____	Male/Female	_____	_____
Add/Drop	_____	Male/Female	_____	_____
Add/Drop	_____	Male/Female	_____	_____

### CHANGE OF PAYMENT TYPE – Please circle one from each list

CURRENT PAYMENT	CHANGE TO	EFFECTIVE DATE
Bank draft	Bank Draft	_____
Monthly	Monthly	
Annually	Annually	
Payroll	Payroll	(Please enclose appropriate forms)

By signing my name, I verify that I am authorized to make changes to this account.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Entered by \_\_\_\_\_ Date \_\_\_\_\_