

# MEMBERSHIP CHANGE FORM

Member Name:	Phone Number:
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CHANGE BILLING INFORMATION					
<input type="radio"/> Visa	<input type="radio"/> Mastercard	<input type="radio"/> Discovery	<input type="radio"/> Amex	<input type="radio"/> Checking	<input type="radio"/> Saving
Credit Card #			Expiration Date:	____/____	
Bank Name:					
Routing #			Account #		

CANCELLATION REQUEST	
Cancel Date: ____/____/____	** You must give a 30 day notice prior to next billing
Reason for Cancellation:	

MEMBERSHIP FREEZE	
Begin Date: ____/____/____	End Date: ____/____/____
Reason for Freeze:	

Member Signature:	Date: ____/____/____
Processed by:	Date: ____/____/____

\*Make sure to attach all necessary paper work