

Membership Status Change Form

All Member Status Changes must be submitted in writing with Primary Member's signature. **Member Status Changes will be in effect 30 days from receipt.**

Changes Effective to the Following Membership

Primary Member Name: _____ Membership #: J _____
New Address?: _____ Daytime Phone: _____ Evening Phone: _____
Email: _____ Membership Type Center Social Comp

Freeze Status

- Freeze** Freeze status allowed for a maximum of 3 consecutive months per 12 month period.
- Medical Freeze** (Physician note required at start and end) Freeze status allowed for a maximum of 3 consecutive months per 12 month period.
1. Reason: _____
2. Length: 1 month 2 months 3 months
3. Starting Month: _____
4. Ending Month: _____ Regular monthly rates will resume at designated Freeze Ending Month.
5. Regular Monthly Dues: \$ _____
6. Adjusted Freeze Dues: \$ _____

Payment Authorization for Dues and other Recurring Fees (EFT)

Initial authorization or Update of EFT on file Date of first month charge: _____ Amount: \$ _____

I authorize the JCC to initiate a charge to the accounts noted below for both my dues and related recurring charges and the dues and recurring charges of all additional members added to my membership, and my charges for goods and services purchased in the JCC. This authorization is to remain in effect until JCC has received written notice from me of its termination as required by Article 1, Section 4 of the Membership Agreement. I have the right to stop payment on an Electronic Funds Transfer debit by notifying my bank. This, however, does not void my contract with JCC to fulfill my payment commitment and I am obligated to pay by some other method. The processing date for debt cards may vary due to banking procedures and if charges are returned they will be subject to a Late Fee.

Checking or savings account: Please include VOIDED CECK (deposit slips not accepted) with this form.

MasterCard Visa Account Number: _____ Exp Date: _____

Change in Membership Type

Upgrade Upgrade Network Individual Upgrade Network Couple Upgrade Network Couple + 3rd Adult or Downgrade

Reason for Downgrade Downgrade Seasonal Downgrade Non-use Downgrade No Family Program Other: _____

Current Membership Type: _____ New Membership Type: _____

Member being removed: _____ Member being added: _____

EFT Change Confirmation

Before this change, the EFT amount on this account was \$: _____ per month

Effective: _____ the new EFT amount will be \$: _____ per month

Member Resignation

Do you wish to resign: Yes

- Written request proceeds a 30 day cancellation period.
- Attach membership cards for cancelled members
- As an alternative to resignation, consider a freeze for up to three months or transfer your membership & waive the waiting period.

Reason for Resignation

Moving/Job relocation Non-use Joining another club Medical Travel Financial Involuntary Cancel

Dissatisfaction (Please explain): _____ Other

Signatures (authorization for any and all changes indicated above)

Member: _____ Date: _____ Staff completing request: _____ Date: _____

Internal Notes

Prorate Calculation: \$ _____ Entered by: _____ Date: _____

Cancel Steps: Exp Date Fitness Cancel Date Cancel Code Last rep adjusted & set to 1 Set Future Cancel Status Email member

Freeze Steps: Status Freeze Future Status Return Date Freeze Rep created Freeze Description, Type, Full \$ Future Rep pushed out

Notes: