

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 _____
Email: _____ Daytime Phone: _____ Evening Phone: _____
 New Address?: _____

Freeze Status

Freeze or Medical Freeze (Physician note required)

1. I request my membership be placed on freeze status for a reduced monthly charge for the months indicated:

Starting Month: _____ Ending Month: _____

Length: 1 month 2 months 3 months Reason: _____

Regular Monthly Dues: \$ _____ Adjusted Freeze Dues: \$ _____

2. Unless further notice is made with the JCC, regular monthly rates will resume at designated Freeze Ending Month.

3. Freeze status may request for a maximum of three consecutive months per 12 month period.

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 check (deposit slips not accepted) with this form.

MasterCard Visa Account Number: _____ Exp Date: _____

Change in Membership Type

Upgrade or Downgrade

Reason for Downgrade Moving/Job relocation Non-use Joining another club Medical Travel Financial

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 I have turned in membership cards for cancelled members

Written request proceeds a 30 day cancellation period.

Note: As an alternative to resignation, we can freeze your membership for up to three months.

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: _____

Notes:

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