

Membership Change/Cancellation/ Renewal Form

Please complete appropriate section(s) for your change

- Renew my Membership** Annual Monthly Amount Paid \$ _____ (\$10 late fee applies after the 7th)
- Change my Membership** type or the member(s) on my membership
- Change my Account Information** **Reinstate my Membership**
- Put my membership on **Hold** **Returned Item** for the month of _____
- Cancel my Membership** **Waived Fee**

Staff Use Only

Date Recv'd: _____
GSA Initial: _____
Entered in RMS by: _____

MUST BE COMPLETED AND SIGNED BY THE AUTHORIZED ACCOUNT HOLDER

MEMBER INFORMATION

NAME (LAST) _____ (FIRST) _____ (M) _____ DOB _____
PHONE (HOME) _____ (CELL) _____ (WORK) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHANGE MY MEMBERSHIP Select the NEW membership type

- Gold Silver Youth Adult Senior Family Single Parent Family Annual EFT

I would like to ADD/REMOVE the following individual(s) to/from my Family Membership

- ADD REMOVE - Name: _____ Date of Birth: ____/____/____ Age: ____ M/F
- ADD REMOVE - Name: _____ Date of Birth: ____/____/____ Age: ____ M/F
- ADD REMOVE - Name: _____ Date of Birth: ____/____/____ Age: ____ M/F

NEW ACCOUNT INFORMATION We MUST have a completed EFT Authorization for the account holder

Name of Account Holder _____

Type of Account: Checking (Please include voided check) Credit / Debit (Type: Visa / MC / Amex / Discover)

*By signing below, I authorize The Salvation Army Ray & Joan Kroc Center to initiate a monthly credit card charge or bank account deduction as indicated below. The Salvation Army Kroc Center also reserves the right to deduct any amount past due from the same account. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's method of payment around the 20th of each month for the next month regardless of date joined. Any debit request in process at the time we receive the notice of termination of authority will be completed. This authorization is to remain in full force and effect until the Salvation Army Kroc Center has received written notification from the account holder of its termination in such time and in such manner as to afford The Salvation Army Kroc Center and any involved financial institutions a reasonable opportunity to act on it (minimum of 15 business days). **Please note: Charges will appear on your credit or bank statements as the Salvation Army - Long Beach. While our credit and debit transactions are processed through our Long Beach Headquarters, rest assured your money stays right here at the Kroc Center in San Diego.***

SIGNATURE (of Authorized Account Holder): _____ **DATE:** _____

PUT MY MEMBERSHIP ON HOLD

- Dormant (Autodraft will be drafted \$10.00/month for 2-6 months) Start Month: _____ thru Month: _____
- Medical (Autodraft will be drafted \$1.00/month) Must submit a doctor's note to activate & de-activate a Medical Hold.

 CANCEL MEMBERSHIP(S)

Under these names (please list ALL): _____

1. Reason for leaving:

- Fees too high Medical Moved No Time Do not use Facility too crowded Dissatisfied with staff
 - Joined another facility (which & why?) _____
 - Facilities/Programming inadequate (please explain) _____
-

2. Reason for initially joining:

- Get in shape Social Recommendation Affordable Rates Programs Medical Convenient Location
- Other _____

3. Did you find our staff helpful and knowledgeable? Always Sometimes Never

4. Do you have any comments or suggestions that might help us serve our members better? _____

SIGNATURE (of Authorized Account Holder): _____

Date: _____