

# 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 7<sup>th</sup>)
- Change my Membership type or the member(s) on my membership
- Change my Account Information                       Reinstatement 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 \_\_\_\_\_

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

3. Do you have any comments or suggestions that might help us serve our members better? \_\_\_\_\_

SIGNATURE (of Authorized Account Holder): \_\_\_\_\_ Date: \_\_\_\_\_

