

Changes & Cancellation Request Form



MEMBER INFORMATION

PLEASE UPDATE MY MEMBER INFORMATION

Please complete top portion, and fill out appropriate section for your change/cancellation request.

PRIMARY MEMBER

NAME (FIRST, MIDDLE, LAST)

FORMER NAME ON CENTER MEMBERSHIP (IF APPLICABLE)

CELL WORK PHONE EMAIL

BIRTHDATE MALE FEMALE MEMBERSHIP CARD #

HOUSEHOLD INFORMATION: ADDRESS

CITY STATE ZIP HOME PHONE

INFORMATION

I WOULD LIKE UPDATE MY EMERGENCY CONTACT NOT IN SAME HOUSEHOLD

FIRST NAME LAST NAME

CELL PHONE ALTERNATE PHONE

I WOULD LIKE TO CHANGE MY MEMBERSHIP TYPE OR ADD/REMOVE MEMBER(S) ON MY ACCOUNT

PLEASE SELECT YOUR CURRENT MEMBERSHIP TYPE(S):

- ADULT YOUTH TEEN
 FAMILY I (UP TO 5 MEMBERS) FAMILY II (6+ MEMBERS) STAFF

PLEASE SELECT YOUR NEW MEMBERSHIP TYPE(S):

- ADULT YOUTH TEEN
 FAMILY I (UP TO 5 MEMBERS) FAMILY II (6+ MEMBERS) STAFF

I WOULD LIKE TO ADD/REMOVE THE FOLLOWING INDIVIDUAL(S) TO/FROM MY FAMILY MEMBERSHIP:

REASON FOR REMOVAL:

- FEES TOO HIGH MEDICAL NO TIME FACILITY TOO CROWDED DISSATISFIED WITH STAFF MOVED OTHER _____

NAME (FIRST, MIDDLE, LAST) ADD REMOVE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY MEMBER MALE FEMALE

NAME (FIRST, MIDDLE, LAST) ADD REMOVE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY MEMBER MALE FEMALE

NAME (FIRST, MIDDLE, LAST) ADD REMOVE

BIRTHDATE (MM/DD/YY) RELATIONSHIP TO PRIMARY MEMBER MALE FEMALE

This form serves as an addendum to the original Membership Form. The original Terms of Membership apply to all members, including any members added on this Membership Changes & Cancellation Request Form. By signing this form, I agree that I have read and understand The Salvation Army Siemon Center's Terms of Membership.

MEMBER SIGNATURE

DATE

FOR OFFICE USE ONLY:

ENTERED BY

DATE

NOTES: