

Renaud Spirit Center Annual Pass Amendment

PRIMARY CONTACT - Last Name _____

First Name _____

Home Phone _____

*CANCEL MEMBERSHIP / DO NOT RENEW (circle one)

Today's Date _____

Reason for Cancellation / Non-Renewal

_____ Moving out of area

_____ Not satisfied with membership (*please explain*) _____

_____ Other (*reason required*) _____

****CANCELLATIONS:** Your membership will end 30 days from the date received and you are responsible for all payments due in this time period.
****NON-RENEWALS:** You must submit this form by the first of the month in order to stop your payment for the following month.

*ADD / DROP MEMBERS

	Full Name	Date of Birth	Age	Sex
ADD / DROP	_____	_____	_____	_____
ADD / DROP	_____	_____	_____	_____
ADD / DROP	_____	_____	_____	_____
ADD / DROP	_____	_____	_____	_____
ADD / DROP	_____	_____	_____	_____
ADD / DROP	_____	_____	_____	_____

*SNOWBIRD FREEZE – Senior Citizens may freeze their accounts for up to 3 consecutive months per membership year.

I / We will be out of town _____ TO _____

*CHANGE BANK / CREDIT CARD INFORMATION

_____ Name as it appears on account

_____ Financial Institution Name

_____ Account Number / Last 4 digits of MasterCard or Visa

_____ Routing Number / Credit Card Exp. Date

*REQUIRED FOR ALL CHANGES – Please sign below to authorize the requested changes to your membership.

_____ SIGNATURE

_____ DATE

Office Use Only

Date Received _____

Date Processed _____

Time Received _____

Member Contacted _____

Staff Initials _____

Staff Initials _____

 The credit card # portion will be destroyed after the account is set up.

MasterCard or Visa Number _____

Credit Card Exp. Date _____