



# Wellness Center Membership Update

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Current Membership Type: \_\_\_\_\_

**Please note: This form must be submitted at least 3 business days before the end of the month. There is no refund for cancelling or changing a membership in the middle of a month. Students under the age of 18 need signature from parent or legal guardian. Forms turned in less than 3 business days will be cancelled the following month.**

Cancel Membership: \_\_\_ Change Membership: \_\_\_  
Deactivate Membership: \_\_\_ Approximate return date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Reason for Cancellation/Update: \_\_\_\_\_

Change Membership To: \_\_\_\_\_

Name	DOB	Add or Delete

**By signing below, I agree to the difference in price (if applicable). Price difference will be charged to my credit card on file at the time the change is processed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Staff Use Only \_\_\_\_\_

\_\_\_\_\_ Date Received \_\_\_\_\_ Auto-billing Off \_\_\_\_\_ Date Completed

Notes: \_\_\_\_\_