

Membership Changes & Cancellation Request Form



MEMBER INFORMATION

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

PRIMARY ADULT

NAME (FIRST, MIDDLE, LAST)

CELL

WORK PHONE

EMAIL

BIRTHDATE

MALE FEMALE

MEMBERSHIP CARD #

HOUSEHOLD INFORMATION: ADDRESS

CITY

STATE

ZIP

HOME PHONE

I WOULD LIKE TO UPDATE MY INFORMATION

Please enter new information below in applicable section.

NAME (FIRST, MIDDLE, LAST)

CELL

WORK PHONE

EMAIL

BIRTHDATE

MALE FEMALE

MEMBERSHIP CARD #

HOUSEHOLD INFORMATION: ADDRESS

CITY

STATE

ZIP

HOME PHONE

I WOULD LIKE TO SUSPEND MY PAYMENTS

SNOWBIRD OUT OF TOWN STUDENT MEDICAL EMERGENCY

Proof of additional residence, student status or medical release is required. Please attach to form.

MEMBER SIGNATURE

DATE

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

Membership downgrades and removal of family members are subject to a \$20 change fee.

PLEASE SELECT YOUR CURRENT MEMBERSHIP TYPE(S):

ADULT SENIOR TEEN YOUTH
FAMILY I (UP TO 5 MEMBERS) FAMILY II (MORE THAN 5 MEMBERS)

SILVER GOLD

PLEASE SELECT YOUR NEW MEMBERSHIP TYPE(S):

ADULT SENIOR TEEN YOUTH
 FAMILY I (UP TO 5 MEMBERS) FAMILY II (MORE THAN 5 MEMBERS)

SILVER GOLD

I WOULD LIKE TO ADD/REMOVE THE FOLLOWING INDIVIDUAL(S) TO 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 ADULT

MALE FEMALE

NAME (FIRST, MIDDLE, LAST)

ADD REMOVE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

MALE FEMALE

NAME (FIRST, MIDDLE, LAST)

ADD REMOVE

BIRTHDATE (MM/DD/YY)

RELATIONSHIP TO PRIMARY ADULT

MALE FEMALE

PLEASE PROCEED TO SIDE 2.

FOR OFFICE USE ONLY:

CHANGE REQUEST PAYMENT SUSPENSION BANK CHANGE REQUEST CANCELLATION

ENTERED BY

DATE

NOTES:

I WOULD LIKE TO CHANGE MY BANKING INFORMATION

To change to a new bank account or credit card, a new Authorization Agreement for direct payments must be completed and signed.

OPT 1: AUTOMATIC MONTHLY ON VISA/MASTERCARD

I authorize The Salvation Army Ray & Joan Kroc Center to charge my credit card monthly indicated below. This is an automatic withdrawal system where payment of membership dues are regularly charged to the member's bankcard the 20th of each month or the next business day.

VISA MASTERCARD

NAME (AS IT APPEARS ON CARD)

BILLING ADDRESS

CARD NUMBER

EXPIRATION DATE (MM/DD/YY)

SIGNATURE

DATE

OPT 2: MONTHLY ELECTRONIC FUNDS TRANSFER

By signing, I give The Salvation Army Kroc Center authorization to deduct monthly dues directly from the listed bank account at my financial institution. The Salvation Army Kroc Center also reserves the right to deduct any amount past due from the same account. I understand that all debits from my bank account will be conducted on the 20th of each 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 me 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).

NAME OF BANK ACCOUNT HOLDER

BANK NAME

ACCOUNT #

TRANSIT/ABA NO. (FIRST 9 DIGITS ON CHECK)

SIGNATURE

DATE

I AM REQUESTING TO CANCEL MY MEMBERSHIP AND DIRECT MONTHLY PAYMENTS (EFT)

I am the signer of the Authorization Agreement for Direct Payments. I understand I must submit a written request to cancel a membership and to discontinue the corresponding debit entry/entries to my (our) checking/savings account on record with the RJKCCC accounting department by the **10th of the current month** in order to become effective in the following month. If I elect to reopen my membership(s), the appropriate registration fee will apply.

NAME OF BANK ACCOUNT HOLDER

LIST OF ALL MEMBER(S) TO BE CANCELLED:

NAME (FIRST, MIDDLE, LAST)

NAME (FIRST, MIDDLE, LAST)

NAME (FIRST, MIDDLE, LAST)

NAME (FIRST, MIDDLE, LAST)

SIGNATURE OF BANK ACCOUNT HOLDER:

DATE:

REASON FOR LEAVING:

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

FACILITIES INADEQUATE: (PLEASE DESCRIBE)

PROGRAMS INADEQUATE: (PLEASE DESCRIBE)

JOINED ANOTHER FACILITY: (WHICH)

DO YOU HAVE ANY CHILDREN CURRENTLY ENROLLED IN KROC CENTER PROGRAMS? YES NO

DO YOU KNOW ABOUT OUR FINANCIAL ASSISTANCE SCHOLARSHIP PROGRAM? YES NO

WOULD YOU LIKE SOMEONE TO CONTACT YOU ABOUT SCHOLARSHIPS? YES NO

DID YOU FIND OUR STAFF HELPFUL AND KNOWLEDGEABLE? ALWAYS SOMETIMES RARELY

DO YOU HAVE COMMENTS OR SUGGESTIONS THAT MIGHT HELP US TO SERVE YOU BETTER?

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 Kroc Center's Terms of Membership.

MEMBER SIGNATURE

DATE

CHANGE/CANCELATION WILL TAKE EFFECT ON:

TODAY'S DATE

MEMBER INITIALS

EMPLOYEE INITIALS



RAY & JOAN
KROC CENTER
COEUR D'ALENE, ID