

# Status / Information Change Form

**Member Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Member Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Change From:      Family      Senior      Adult      Teen      Youth

Change To:      Family      Senior      Adult      Teen      Youth

**Circle one**

Name(s) to be added/deleted: \_\_\_\_\_ M/F    DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_  
added/deleted: \_\_\_\_\_ M/F    DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_  
added/deleted \_\_\_\_\_ M/F    DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_  
added/deleted \_\_\_\_\_ M/F    DOB: \_\_\_\_\_

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

New Address: \_\_\_\_\_ New Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Billing Info: (include voided check or copy if checking account)

Checking/Savings Account # \_\_\_\_\_ Transit # \_\_\_\_\_

Credit Card: Visa/MC      Last 4 digits \_\_\_\_\_      Expiration: \_\_\_\_\_

Delete all other billing methods: \_\_\_\_\_yes \_\_\_\_\_no

Make effective this billing cycle \_\_\_\_\_yes \_\_\_\_\_no

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Apply Scholarship: member # \_\_\_\_\_ % member pays \_\_\_\_\_

**SIGNATURE OF ACCT HOLDER:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office use only**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Date changed: \_\_\_\_\_ Initials: \_\_\_\_\_  
in computer

Action Taken: \_\_\_\_\_