Community Park FITNESS Membership Change Form

☐ **Freeze (medical, travel, school, COVID, etc.):** If freeze is made for medical reasons, documentation (i.e., medical note from doctor) will be required. **For non-medical freeze there is a $10 a month fee. I understand that the Freeze request must be submitted at least 2 business days prior to the next billing date to avoid the next recurrent charge.** Start date: _____ End date: _____

☐ **Upgrade/Change:** If upgrading to include additional family members, please complete the membership contract and include all pertinent information (names, birthdates, etc.)
Current member type: _____ New member type: _____
Start date: _____
Any additional membership dues will need to be collected up front.
Current Members: _____ **Updated Members:** _____
_____ _____
_____ _____
_____ _____

☐ **Transfer:** A $25 fee applies to those transferring to an insurance membership. Recipient of transfer is required to sign our Membership Contract. Please attach copy of signed contract.
INSURANCE:
TIVITY-
☐ SILVER SNEAKERS_____
☐ PRIME _____
HEALTHY CONTRIBUTIONS-
☐ MEDICARE/MEDICAID
(code begins A, G or S followed by 9 digits) _____
☐ ONE PASS/AAPTIVE
(code begins B or P followed by 9 digits) _____

Required information
Date: _____ Family ID # _____

Name: _____

☐ **Cancel: This will serve as my ten-day notification. I am no longer obligated to the month-to-month membership and request ten days' notice of termination per the Community Park Fitness contract. I understand that my membership will be terminated and charges to my account will stop upon 10 days of receipt of this form. I understand that I will be charged the remainder of my contract as a cancellation fee.**

Reason For Cancellation: **Time** **Financial** **Medical** **Relocation**
(circle one) **Other:**

Effective Date: _____
Member Signature (Required): _____ Date: _____

Employee Signature (Required): _____ Date: _____

Community Park FITNESS
708-354-3580