



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: _____



708-354-3580