



CHANGE OF MEMBERSHIP TYPE REQUEST FORM

Date of Request: _____

Main Member's Name : _____ JCC Member Number _____

Change of Membership Type

I would like to convert my membership from _____ membership to a _____ membership.

Main Member Initial: _____

Adding of Member to Account

Children - up to 18yrs. and/or a full-time college student to 25yrs (copy of school transcript is required)

Name of New Member:

Relationship:

DOB (m/d/yr)

Removal of Member from Account

Name of Member to Remove

Name of Member to Remove

I, understand that any changes will be prorated for current month's charges. I understand that I am financially responsible for each sub member on my account.

Member Name: _____

Signature: _____

For Office Use Only:

Associate name - reviewed and verified for completed with member (Print): _____

Processed by - Accounting Department - Name (Print) and Date: _____