

# Membership Changes & Cancellation Request Form



## ADULT AND FAMILY MEMBERSHIP

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

### PRIMARY MEMBER

NAME (FIRST, M.I., LAST)

DATE (MM/DD/YY)

MEMBERSHIP CARD # (If known)

## I WOULD LIKE TO SUSPEND MY PAYMENTS (Proof of additional residence, students status, or medical is required. Please attach to form.)

ARE YOU ON AUTOMATIC PAYMENTS?  YES  NO

REASON FOR SUSPENDING PAYMENTS

NUMBER OF MONTHS (Up to 6 months)

AUTOPAY RESUME DATE

DATE SUSPEND WILL START

DATE SUSPEND WILL END

## I WOULD LIKE TO CHANGE MY MEMBERSHIP

CURRENT MEMBERSHIP TYPE:  REGULAR  CORPORATE

CURRENT MEMBERSHIP:  TEEN (11-17)  YOUNG ADULT (18-24)  ADULT (25-61)  FAMILY (3 OR LESS)

FAMILY (5 OR LESS)  FAMILY (6 OR MORE)  SENIOR (62+)  SENIOR COUPLE (62+)

NEW MEMBERSHIP TYPE:  REGULAR  CORPORATE

NEW MEMBERSHIP:  TEEN (11-17)  YOUNG ADULT (18-24)  ADULT (25-61)  FAMILY (3 OR LESS)

FAMILY (5 OR LESS)  FAMILY (6 OR MORE)  SENIOR (62+)  SENIOR COUPLE (62+)

## I WOULD LIKE TO ADD/REMOVE THE FOLLOWING INDIVIDUALS TO MY HOUSEHOLD MEMBERSHIP

(All adult members must show proof of house residence)

NAME (FIRST, M.I., LAST)

ADD  REMOVE

BIRTHDATE (MM/DD/YY)

AGE

MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT

NAME (FIRST, M.I., LAST)

ADD  REMOVE

BIRTHDATE (MM/DD/YY)

AGE

MALE  FEMALE

RELATIONSHIP TO PRIMARY ADULT

## I WOULD LIKE TO CHANGE MY BANKING INFORMATION

### OPTION 1: CREDIT CARD PAYMENT

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

VISA  MASTERCARD  DISCOVER

NAME (AS IT APPEARS ON CARD)

CARD NUMBER

EXPIRATION DATE (MM/YY)

SIGNATURE

DATE

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## 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 to my checking/savings/charge account on record with the Kroc Center by the 10th of the current month in order to become effective in the following month. If I elect to reopen my membership a registration fee will apply. Member Initials: \_\_\_\_\_

NAME OF PRIMARY MEMBER

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LIST ALL OF MEMBER(S) TO BE CANCELED:

NAME (FIRST, MIDDLE, LAST)

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NAME (FIRST, MIDDLE, LAST)

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NAME (FIRST, MIDDLE, LAST)

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NAME (FIRST, MIDDLE, LAST)

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NAME (FIRST, MIDDLE, LAST)

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NAME (FIRST, MIDDLE, LAST)

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## REASON FOR LEAVING

- FEES TOO HIGH     MEDICAL     NO TIME     DISSATISFIED WITH STAFF     MOVED  
 OTHER \_\_\_\_\_

FACILITIES INADEQUATE: (PLEASE DESCRIBE)

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PROGRAMS INADEQUATE: (PLEASE DESCRIBE)

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JOINED ANOTHER FACILITY: (WHICH)

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DO YOU HAVE ANY CHILDREN CURRENTLY ENROLLED IN KROC CENTER PROGRAMS?

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DO YOU KNOW ABOUT OUR FINANCIAL ASSISTANCE SCHOLARSHIP PROGRAM?

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DID YOU FIND OUR KROC CREW HELPFUL AND KNOWLEDGEABLE?

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

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MEMBER SIGNATURE:

TODAY'S DATE:

CHANGES WILL TAKE EFFECT ON:

STAFF:

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