

## Renaud Spirit Center Annual Pass Amendment

PRIMARY CONTACT - Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_

### \*CANCEL MEMBERSHIP / DO NOT RENEW (circle one)

Today's Date \_\_\_\_\_

**Reason for Cancellation / Non-Renewal**

\_\_\_\_\_ Moving out of area

\_\_\_\_\_ Not satisfied with membership (*please explain*) \_\_\_\_\_

\_\_\_\_\_ Other (*reason required*) \_\_\_\_\_

**\*\*CANCELLATIONS:** Your membership will end 30 days from the date received and you are responsible for all payments due in this time period.  
**\*\*NON-RENEWALS:** You must submit this form by the first of the month in order to stop your payment for the following month.

### \*Add Members

	Full Name	Date of Birth	Age	Sex
ADD	_____	_____	_____	_____
ADD	_____	_____	_____	_____
ADD	_____	_____	_____	_____
ADD	_____	_____	_____	_____
ADD	_____	_____	_____	_____
ADD	_____	_____	_____	_____

### \*SNOWBIRD FREEZE – Senior Citizens may freeze their accounts for up to 3 consecutive months per membership year.

I / We will be out of town \_\_\_\_\_ TO \_\_\_\_\_

### \*CHANGE BANK / CREDIT CARD INFORMATION

Please Circle One:  
 Checking Savings VISA MasterCard

\_\_\_\_\_ Name as it appears on account

\_\_\_\_\_ Financial Institution Name

\_\_\_\_\_ Account Number / Last 4 digits of MasterCard or Visa

\_\_\_\_\_ Routing Number / Credit Card Exp. Date

### \*REQUIRED FOR ALL CHANGES – Please sign below to authorize the requested changes to your membership.

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

#### Office Use Only

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Time Received \_\_\_\_\_

Member Contacted \_\_\_\_\_

Staff Initials \_\_\_\_\_

Staff Initials \_\_\_\_\_

The credit card # portion will be destroyed after the account is set up.

MasterCard or Visa Number \_\_\_\_\_

Credit Card Exp. Date \_\_\_\_\_