



# MEMBERSHIP CHANGE REQUEST & RECEIPT FORM

Centennial Recreation Center – 171 W. Edmundson Ave. Morgan Hill, CA 95037 – (408) 782-2128 – www.mhrc.com

Transaction Type (Check All Applicable):	
<input type="checkbox"/> New Membership	
<input type="checkbox"/> Annual Renewal	
<input type="checkbox"/> Change Membership Type	
From: _____ To: _____	
<input type="checkbox"/> Adding new member to existing membership	
<input type="checkbox"/> Switching members on account	
<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Other: _____	

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

Effective Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

*A 15 working day notice is required  
to make changes to bank drafts.*

PRIMARY MEMBER INFORMATION	MEMBERSHIP CHANGE (Add <input type="checkbox"/> or Delete <input 5px;"="" padding:="" type="checkbox/&gt;)&lt;/th&gt; &lt;/tr&gt; &lt;tr&gt; &lt;td style="/> Name: _____ <td style="padding: 5px;">Name: _____</td>	Name: _____
Address: _____	Date of Birth: _____	
Home Phone: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female / <input type="checkbox"/> 21yrs & Under <input type="checkbox"/> 22yrs+	
Alternate Phone: _____	Alternate Phone: _____	
Email: _____	Email: _____	
<i>*If changing primary member please list below.</i>	<b>MEMBERSHIP CHANGE</b> (Add <input type="checkbox"/> or Delete <input 5px;"="" padding:="" type="checkbox/&gt;)&lt;/td&gt; &lt;/tr&gt; &lt;tr&gt; &lt;td style="/> Current Primary: _____	Name: _____
New Primary: _____	Date of Birth: _____	
	<input type="checkbox"/> Male <input type="checkbox"/> Female / <input type="checkbox"/> 21yrs & Under <input type="checkbox"/> 22yrs+	
	Alternate Phone: _____	
	Email: _____	

## PAYMENT

If we do not receive a downgrade request within 15 days prior to the member's next draft date, the account will be drafted for the full amount and there will be no refunds issued. The downgrade will be processed the following month. If you have an annual membership, you must put in your change in by the 15<sup>th</sup> of the month to have it effective by the 1<sup>st</sup> of the following month.

**MEMBER TYPE:** \_\_\_\_\_

**PROCESSING FEES**

**New Membership-**

    \$75 Adult/Special Hours

    \$100 Family/Couples Special Hours

**Upgrade-** \$25 to Family/Couples Special Hours

**Rejected Bank Draft Fee-** \$31

	AMOUNT	DATES
Processing Fee: \$ _____		
Prorate Fee: \$ _____		_____
Membership: \$ _____		_____
Other Fee \$ _____		
(Explain) _____		
<b>TOTAL:</b> \$ _____		
	_____	_____

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_