

Home Club Fax#:
South 970.282.9133
North 970.493.3182
Central 970.472.0265
Centerra 970.669.7373

WEBSITE

MEMBERSHIP CHANGE FORM



Main Member

First Name: _____ Last: _____

Today's Date: _____ Scan Card # : _____

Address Change New E-mail address: _____
New Address: _____ New Phone # _____
_____ New Work # _____

Billing Change
I hereby authorize Miramont Lifestyle Fitness to charge monthly dues...
 To my debit/credit card as follows:
Visa/MC/Amex/Disc # _____ Expires _____
 As a direct draft from my checking/savings account (**must attach a voided check**):
Account #: _____ Routing #: _____

Upgrade/Downgrade
Date Effective: _____
Current Membership: _____ Upgrade/Downgrade to: _____
New Monthly Dues: \$ _____ Prorated Dues Collected: \$ _____
Add/Remove Members *Scan Code* *Date of Birth*

Freeze

- You may freeze your membership...
 - ◆ one time per calendar year
 - ◆ for 1 to 3 consecutive months
(begins 1st day of month, ends last day of month)
- If in your initial contract period or if you have prepaid dues, those months will be added to the end of your contract period
- Your account will *automatically* come off freeze and dues billing will resume the first day of the month following the freeze period

Months Freezing: 1) _____ 2) _____ 3) _____
Month to Resume Billing: _____

A \$25 Freeze Fee is required to process this request. By signing below you authorize us to process that fee with your debit/credit card on file.

Member Signature: _____ **Date:** _____

This change must be authorized by the Membership Dept before it will go into effect.

Membership Dept Authorized Signature: _____

Membership Dept Confirmation: Date _____ E-mail or Verbal

Please fax, mail, or drop off at your home club.