



Canton Community Center Inc. CHANGE Membership Form



210 North 7th Street, Canton, MO 63435

573-288-0550

www.cantoncommunitycenter.com

www.facebook.com/cantonmocommunitycenter

Main Member Last Name	First Name	MI
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Please fill in the following fields with the new changes. If you wish to change Main Member, please see a center representative, as to current membership will be cancelled and new membership will be created. No setup fee will be required for this change. Any "credit" due on this account will be transferred to the new account holder.

Street Address	City	State	Zip Code
Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)	Effective date of Change

Membership Change Parties

Last Name (Main Member)	First Name	Date of Birth (mm/dd/yy)	Select the change for each member <input type="checkbox"/> Update info
Last Name	First Name	Date of Birth (mm/dd/yy)	Select the change for each member <input type="checkbox"/> Add
Last Name	First Name	Date of Birth (mm/dd/yy)	Select the change for each member <input type="checkbox"/> Add
Last Name	First Name	Date of Birth (mm/dd/yy)	Select the change for each member <input type="checkbox"/> Add
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Last Name	First Name	Date of Birth (mm/dd/yy)	Select the change for each member <input type="checkbox"/> Add

Any additional changes needed on this account:

Agreement

I hereby request that the above members membership(s) or information be changed as stated above.

I must provide this form to the Canton Community Center 30 days prior to when I need the above membership(s) changed. I understand that I may have a full membership fee removed from my account via EFT or be billed for a full months membership if I have not met the 30 day minimum requirement. Payments are processed on the 1st of each month.

I understand that if I add any additional membership(s) this may affect the overall cost of the main membership and agree to these changes.

I understand that the changes reflected above may change the monthly membership fee charged to my account. I hereby authorize the Canton Community Center to initiate debit entries for the monthly membership subscription, including any adjustments that are necessary to make the changes I have requested above, and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my account on record. I additionally authorize the financial institution or credit card to debit or credit the same to the account on record. This authority is to remain in effect until revoked in writing through the subscriber cancellation process.

Signature (s)

I have an understanding of this form and agree to the agreement section, IN WITNESS WHEREOF this Change Membership Agreement has been executed by the undersigned parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date