Checked by:
1._____
2._____

MEMBERSHIP CHANGE FORM

(Please complete the appropriate section.)

Printed Name: _____ Email: _____

Date: _____/_____/_____ OUHSC Username: _____ Phone #: _____

FACILITY ACCESS/MEMBERSHIP TYPE UPDATE

Current Membership: ◯ UHC ◯ URPHC ◯ UHC+URPHC Membership Type: _____

Updated Membership: ◯ UHC ◯ URPHC ◯ UHC+URPHC Membership Type: _____

I authorize the University Health Club to make this addition to my membership, and understand that my monthly bill will reflect these changes. This Authority remains in effect until I notify the University Health Club in writing to cancel this authorization, allowing at least ten (10) days to act upon it.

Office Use only	
Current Rate	$_____
Updated Rate	$_____

Signature: _____ Date: _____/_____/_____

BILLING INFORMATION UPDATE [Attach a voided check to this authorization]

Bank Name: _____ Name on Acct: _____ Acct Type: _____

Acct Number: _____ ABA Number: _____

I authorize the University Health Club and the financial institution named below to make automatic monthly withdrawals from the account below. This authority remains in effect until I notify the University Health Club in writing to cancel this authorization, allowing at least ten (10) days to act upon it.

Office Use Only	
Monthly Rate $	_____
Membership	_____

Signature: _____ Date: _____/_____/_____

CANCELLATION NOTICE

Date Effective: _____/_____/_____ *Family members must complete their own separate Change Form.*

I understand that by signing this Notice, I am cancelling my membership account at the University Health Club, and I am responsible for dues for the current month. For example, cancelling on the 5th day of May, payment of the membership fee for May is required. I also understand that I am responsible for any unpaid charges and fees including monthly membership fees. I agree to pay the balance due at this time in order to finalize my membership cancellation on the stated day effective. I may continue to use the University Health Club up to the date effective. If I choose to rejoin the University Health Club, within the next thirty (30) days, I may do so with no application fee. I understand that re-joining as a University Health Club member requires a new membership application to be completed.

Office Use Only	
Account Balance	_____
Additional Fees	_____
TOTAL	_____

Signature: _____ Date: _____/_____/_____

Office Use Only: Staff Signature: _____ Date: _____/_____/_____