



## Membership Change Form

***Please Print***

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

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

Date to Cancel (*can't be a weekend date*): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Classification (*please circle one*):    Family    Adult    Youth    Senior    College Student

Reason for Change Request (*requests will only be met with a valid reason given, please be specific*):

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Cancellation Policy:

- Changes to a membership may incur a change fee.
- Any membership changes that are approved will revert back to the no commitment month-to-month plan membership fee in line with the package you originally purchased.
- A 2-week notice is required to cancel all memberships.
  - *Any cancellation form submitted with less than 2-weeks' notice may still be billed.*
- Once a membership is changed, there is no guarantee that it may be reinstated.
- A confirmation receipt of any changes to your membership will be emailed to the above e-mail address. If you do not receive an email, please call the CSBCC at 603.542.7019.

Member Signature: \_\_\_\_\_

Email form to [dzombeck@claremontnh.com](mailto:dzombeck@claremontnh.com) or turn into the front desk at the CSBCC.

**OFFICE USE ONLY**

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

Approved By: \_\_\_\_\_