



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*):

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 cancelation 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 or turn into the front desk at the CSBCC.

OFFICE USE ONLY

Date Received: _____

Approved By: _____