



WISC MEMBERSHIP APPLICATION - CHANGE FORM

Primary Member Name _____ Date _____

Current Membership Plan:

Circle One: FACILITY FITNESS BASEBALL OPTION 1 2 3

Circle One: Individual (Adult=18 & older) Couple Family +1 child Family +2 children Family +3 children Fitness-Senior

Circle One: (if applicable) Kids Club Gymnastics Team Cheer Team Employee Special/Sponsor

New Membership Plan:

Circle One: FACILITY FITNESS BASEBALL OPTION 1 2 3

Circle One: Individual (Adult=18 & older) Couple Family +1 child Family +2 children Family +3 children Fitness-Senior

Circle One: (if applicable) Kids Club Gymnastics Team Level 3 Cheer Team Employee Special/Sponsor

This section is for members who need to update their membership information. If you are ONLY changing membership plans then you do not need to fill out this section if your current membership application information is still valid.

Member Change: (if applicable)

Add or Delete Name _____ DOB _____ Age _____ Male or Female

Add or Delete Name _____ DOB _____ Age _____ Male or Female

Address Change: (if applicable)

New Address _____ City _____

State _____ Zip _____

E-Mail Address Change: (if applicable)

New E-mail Address: _____

New Emergency Contact: (if applicable)

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

I hereby authorize the membership changes as documented on this form.

Signature of primary applicant: _____

Date: _____

Office Use Only

Membership Change Begin Date: ____/____/____

New Monthly ACH Payment Amount:\$_____ (if changing membership plans)

Notes: _____ Staff Initials: _____