

Membership # _____

Membership Change Form



14509 Minnetonka Drive
Minnetonka, MN 55345
(952) 939-8370
www.minnetonkamn.gov

Applicant

Member 1 - First Name _____ Middle _____ Last _____ Date of Birth _____ Gender _____
*Current member or new Primary members name.

Added Member 2 First Name _____ Middle _____ Last _____ Date of Birth _____ Gender _____

Address Please note if this is a change of address. City _____ State _____ Zip _____

Phone _____ Email Address _____

Children

Added Name _____ Birthdate _____ Gender _____ Added Name _____ Birthdate _____ Gender _____

Added Name _____ Birthdate _____ Gender _____ Added Name _____ Birthdate _____ Gender _____

***CHANGES MUST BE SUBMITTED BY THE 15TH TO TAKE EFFECT FOR THE FOLLOWING MONTH.**

Change

UPGRADE

(Pro rated dues and a \$5.00 administrative fee will apply)

DOWNGRADE \$5.00(*For the first of the following month)

I hereby request the removal of these members from the current membership:

Remove Name _____

Remove Name _____

Remove Name _____

SUSPEND(*Effective for the first of the following month)

A \$5.00 fee will be charged during the months stated below.
Regular fees will resume after end date.

Start Mth/Yr _____ **End Mth/Yr** _____

Total Number of Months _____

(3 month maximum per 12-month cycle)

Current Plan _____ **New Plan** _____

As of (mth/yr) _____

New Monthly Dues \$ _____

Cancellation

Request the cancellation of entire membership account

Final month of membership: _____

Reason

Please indicate your reason for cancellation:

Don't have enough time

Job change/Job loss

Leaving for college

Moving away

Moving south for winter

Need walking track

Had a negative experience

Other _____

Like to exercise outside when it's warm

Signatures

Insurance reimbursements will not occur until the third month of participation. Change notices received at the WFC on or before the 15th will be effective at the end of that same month. Notices received on or after the 16th will be effective at the end of the following month. Any additional memberships in this household will remain active. In the event the Primary Member of this household is being cancelled, an Additional Member will be transferred to Primary Member status. Cancellation to the entire membership will cancel membership agreement with all members of household. Any changes to an active membership must remain in effect for a minimum of 60 days or one billing cycle.

I have requested the above change(s) to my Williston Fitness Center membership and give permission to the City of Minnetonka to change the form of payment and/or amount of payment as needed to fulfill my request.

Member Signature: _____ Date _____

Accepted by _____

Date _____

Completed