

Location form was completed: (please write club name)

GreatLIFE Member Change Form

Name		Account Number							
		(Office Use Only)							
Address (current)									
	Street			City	State	9		Zip	
Address (previous - if applicable)									
, , <u> </u>	Street			City	State	9		Zip	
Home Telephone			Work	Telephone	9				
Cell			E-Mai	iI					
Check all boxes that apply				Change of Add	ress (documen	nt above)			
Membership Upgrade				Change Bankd	raft Informati	ion (attach v	roided check)		
Membership Add On				Change payme	ent method fr	om Annı (attach	ual to Ban voided check	kdraft	
Change of Name				Change payme	ent method fr	om Bank	draft to A	Annual	
Addition of Spouse/Child				Addition/Deleti	ng added, provide r		n Private Cart	Rules &	
	•			Private Cart Registra	,				
Deletion of Spouse/Child				Other (please explain	in)				
* A <u>Spouse</u> must be legally married (binding a A <u>Child</u> must be a member's natural or adop Au	and lawful if it was performed in Kans ted child, stepchild or foster child un thorization for Pay l	der the age of	19. To be eligib	le between the ages of 19-2		g at home or att	ending school as	a full time stud	
I authorize GreatLife Golf & Fitness and the financial institution named or I understand my automatic payment will be deducted on the 15th of Changes in account or bank information must be sub processed for that month's payment. Canceling a bank draft does no received, the membership will be transferred to the "control of the membership will be accepted in the event of any given year) will only be accepted in the event of the membership will be accepted in the event of the eve	lay of each month If the 15th f mitted in writing to GreatLife Go ot cancel a membership or cancel charge annual payment" option and the	falls on a weed off & Fitness is accrued on the error remaining a	ekend or bank Changes m membership acc amount due u	tholiday, the deduction ust be received prior to count. In the event that a ban under the terms of the (will be drafted on the 1st business dans the 1st business dans to the 1st business dans to the 1st business dans the 1st business da	he next busing y of any give count is closed a d. Early term	ess day followin month in ord new bank informination (prior t	ing the 15th der to be nation is not	
A \$30.00 return fee will be	charged for each returned	bank draft					·		
Memberships may be cancelled by sending WR Procedures Document (Addendum B). The fix enews for another one year period on April 1 of exemain in full force & effect until written notification	scal year runs from April 1 of ar ich year unless written notifica	ny given yea tion is receiv	r to March 31	of the next year. The	membership is for a	a one year pe vants to cand	eriod and autor eel. Your auth	matically ority will	
Financial Institution					☐ Savings ((Attach	deposit s	lip)	
Name	Birthdate			Relationship	to Member_		_		
Name	Birthdate	/		Relationship	to Member_				
Name	Birthdate			Relationship	to Member_				
Other Information									
Member Signature					Date	/			
Employee Signature					Date	1	1		