

# Membership Change Form

Name: \_\_\_\_\_ SDSU Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payment Type: EFT  Payroll  Annual  Membership Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Employee Initials: _____ Date: _____	<u>Office Use Only</u> Initials _____ EFT    PAYROLL    RECTRAC    EMAIL
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**Membership Drop**  
 \* 30 days notice is required; your membership will be dropped on the last business day of the month noted. 3-month minimum membership required.  
 Effective Date: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**Temporary Medical Leave**  
 \* We will need a doctor's note excusing you from workouts and also clearing you for workouts when you return.  
 Effective Date: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**Membership Change**

**Membership Type:**  
 Name of Family member(s) adding or dropping: \_\_\_\_\_  
 \_\_\_\_\_  
 New Membership Type: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

**Locker:** Add  Drop  Change   
 Locker Number: \_\_\_\_\_ Locker Size: \_\_\_\_\_ Men's  Women's  LR1  LR2

**Payment Method**  
 New Method: EFT  Payroll   
 Date next payment due: \_\_\_\_\_ Amount: \_\_\_\_\_  
 \* Please attach a voided check if you are setting up a new EFT account.