

Member Services confirm proof of same address

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**Appalachian State University
University Recreation
MEMBERSHIP CHANGE FORM**

Name: _____ Banner ID: _____

Email Address: _____@appstate.edu Telephone #: _____

Cancel all memberships associated with my current membership

Change from Individual Membership to Family Membership (provide their information below)

- Please see UREC’s website to learn what additional documentation is required before Family Membership will be activated.
- If your membership fees are payroll deducted, your deduction will change from \$15 to \$30 per month.

Change from Family Membership to Individual Membership

- I understand that this will cancel memberships for all my family members associated with my membership.
- If your membership fees are payroll deducted, your deduction will change from \$30 to \$15 per month.

Add member/s to my current Family Membership (provide their information below)

- Please see UREC’s website to learn what additional documentation is required before Family Membership will be activated.

Remove member/s from my Family Membership (provide their information below)

Household Member Information:

First, MI, Last Name	Preferred Name	Relationship	Gender	Date of Birth	Phone Number	Email address
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				/ /	() -	
				/ /	() -	
				/ /	() -	
				/ /	() -	

I certify that the information listed above is correct to the best of my knowledge and that all the names listed are eligible family members.

I acknowledge that the changes indicated above may also affect the amount of my payroll deduction.

Signature

Date