

**Mason Community Center**  
 6050 Mason-Montgomery Road  
 Mason, Ohio 45040  
 513.229.8555  
 memberservices@masonoh.org

# MEMBERSHIP CHANGE REQUEST



Change requests must be received by the 1st of the month and will go into effect on the next billing cycle on the 15th.

## Household Information

Head of Household (first, middle & last)			Household ID
Street Address		City	ZIP code
Home Phone	Email	Cell Phone	

## Household Member Changes

I.D. #	Name (first, middle & last)	Date of Birth	Grade	Gender
Head of H/H (O1)				M F
Spouse (O2)				M F
Dependent/HH Mbr (O3)				M F
Dependent/HH Mbr (O4)				M F

\*Members must be claimed on the same tax return to qualify for family or two person membership.

## Community Center Pass Type Changes

\*\$100 administration fee will be added to your next billing cycle when downgrading a premier pass to a basic pass. Does not apply to medicare passes.

<b>FROM:</b> <input type="checkbox"/> Premier <input type="checkbox"/> Basic	<b>FROM:</b> <input type="checkbox"/> Family <input type="checkbox"/> 2-Person Sr.	<b>TO:</b> <input type="checkbox"/> Family <input type="checkbox"/> 2-Person Sr.
<b>TO:</b> <input type="checkbox"/> Premier <input type="checkbox"/> Basic	<input type="checkbox"/> 2-Person <input type="checkbox"/> Adult (12-59)	<input type="checkbox"/> 2-Person <input type="checkbox"/> Adult (12-59)
<input type="checkbox"/> Medicare Premier <input type="checkbox"/> Medicare Basic	<input type="checkbox"/> Senior (60+) <input type="checkbox"/> Youth (4-11)	<input type="checkbox"/> Senior (60+) <input type="checkbox"/> Youth (4-11)

## Request for Hold on Membership Request for Reinstatement of Membership from Hold

**FROM DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **REASON:**  Medical (no fee; doctor's note required)

**TO DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  Other (\$10 per month)

**NUMBER OF MONTHS:** \_\_\_\_\_ (no limit)

Please reinstate my membership as of (date): \_\_\_\_\_ Original hold date: \_\_\_\_\_

## Cancel My Membership

I wish to discontinue the monthly subscription pass to Mason Community Center.

By signing this form, I understand that passes for all persons listed will be canceled.

### Reason for cancellation:

I understand that the changes reflected above may change the monthly membership fee charged to my account. I hereby authorize the City of Mason to initiate debit entries for the monthly membership subscription, including any adjustments that are necessary to make the changes I have requested above, and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my account on record. I additionally authorize the financial institution or credit card to debit or credit the same to the account on record.

**Pass Holder Signature**

**Date**

Please return this form to the customer service center at Mason Community Center or mail it to the Membership Services Supervisor at the address on the top of this form.

STAFF USE ONLY: Household ID:		Last Bill Date:	Passes Expire/Change On:	
Residency:	Pass Type:	Processed by (MCC Staff member):	Process Date:	Received: