CHANGE FORM

MEMBER#_____

The Solana Club

INFORMATION CHANGE

PRIMARY MEMBER

Last Name	First Name	Middle Initial	Badge Issued	About You

Date of Birth	Social Security Number	Gender

Home Address	City/State/Zip

Home Phone	Email

Employer Name	Occupation

Work Address	Work Phone

Emergency Contact Name & Phone Number(s)

SECONDARY MEMBER (must complete ABOUT YOU form)

Last Name	First Name	Middle Initial	Badge Issued	About You

Date of Birth	Social Security Number	Gender

DEPENDENT MEMBERS (Dependents ages 14 & older must complete ABOUT YOU form)

Name (Last, First, Middle)	Date of Birth	Gender	Do you have health problems that now limit your ability to participate in sports, exercise or recreational activities?	Have you had surgery within the last three (3) months?	Badge Issued	About You
			☐ NO ☐ YES If YES, please explain:	☐ NO ☐ YES If YES, please explain:		
			☐ NO ☐ YES If YES, please explain:	☐ NO ☐ YES If YES, please explain:		

FEES

Processing Charge = $

_____ = $

_____ = $

_____ = $

PAYMENT: Cash Check VISA MC AMEX

SpeedEPay X_____

(card on Solana File-Signature required if not signing POS receipt)

MEMBERSHIP

STATUS	TYPE	AGREEMENT
Single	Tenant	Month By Month
Family	Corporate	
	Community	

NEW MBR#

LOCKER RENTAL

MF#	$18/mo
MT#	$14/mo
MD#	$10/mo
MK#	$7/mo
WF#	$18/mo
WK#	$7/mo

KIDS CLUB PASS

Kid's Name(s)	
Kid's DOB	

I understand the monthly unlimited use kids club pass will be charged to my account each month, I also understand and agree in the event I wish to terminate my kids club pass, I shall do so in writing. The Childs Kids Club Card must be kept in kids club and scanned upon each visit to the club. Please note, A $5.00 processing fee will be charged to your account for misplaced cards.

☐ 1 Kid/month $12/month

☐ 2 Kids/month $15/month

☐ 3 Kids/month $20/month

BILLING

Solana SpeedEPay Date Of First Draft _____

☐MasterCard ☐Visa ☐American Express (certain fees may apply)

I hereby request and authorize the named holder to honor and pay pre-authorization drafts drawn by The Solana Club "CLUB" on the 15th (or the first business day thereafter) of the month. This authority is to remain in effect until revoked by me in writing before the First of the month, and until such written notice is received I agree to fully protect the above named debit/credit card in honoring such drafts. Should any pre-authorized draft not be honored by the above named debit/credit card, then it is understood that I will contact the CLUB to make payment directly to the CLUB including any return fees charged by the CLUB. The draft will consist of my monthly fees. If any of the information changes I will contact the CLUB to fill out another authorization form. Until I have filled out another authorization form this authorization will remain in full force with the expiration date automatically advancing one year every year hereafter.

OTHER REQUESTS

☐Address/Phone Change ☐Billing Address Change

☐New Badge - ***$5 fee***

☐Proof of Payment : Start Date:_____to End Date:_____

$5 fee */ Allow the Accounting Department 5 working days to complete.*

The Accounting Department will contact you when your request is completed.

☐Other (Explain corrections, changes needed and/or comments below)

AUTHORIZATION

Primary Member Signature Date

X

OFFICE USE

Solana Representative_____ COMMENTS:

Membership Representative_____

Business Representative_____