

Tamarac Change Request



Member Name: _____ Scan Tag #: _____

Personal Change Request:

New Address: _____

New Phone: _____

New Email: _____

Membership Change Request:

Cancel Membership Freeze Membership Un-Freeze Membership

Who should the cancellation/freeze impact on your account?

Everyone on my account, including myself

Only select family members: _____

Effective Date: _____ Return Date (Freeze only): _____

To help us better serve our members and the needs of our community, please provide us with the reason that you are cancelling or freezing your membership:

Underutilization

Facility offerings

Moving

Seasonal

Medical

Financial

Other: _____

Would you consider returning as a member in the future?

Yes

No

Maybe

All cancellations/freezes will take effect the first day of the month following the date the request is submitted unless otherwise noted. Cancellation/freeze requests should be submitted no later than the 25th of the month to avoid additional monthly charges, and to ensure changes are in effect by the first day of the following month.

Signature: _____ Date: _____