



ACCOUNT UPDATE FORM

Name: _____ Date: _____

Membership #: _____ Phone #: _____

1. Payment Information: MEMBERSHIPS BEFORE & AFTER SCHOOL CARE

VISA MASTERCARD AMEX

(Please provide 5 days notice for any credit card changes. \$25 admin fee will be charged on rejected payments)

Name of Credit Card Holder: _____

Credit Card # _____ Expiry Date: _____

Signature: _____ Effective Date: _____

2. Membership Cancellation: (annual or continuous memberships only)

Membership Type: Single Couple Family

Primary Member Name: _____ Membership # _____

Cancellation Reason: _____

Suggestions: _____

- I understand that my membership will be cancelled 30 days from the date the Trico Centre receives this form.
- I understand that my refund will be based on the pro-rated portion of the pass less a cancellation fee of 20% of the purchase price. (Cancellation fee is not applicable to continuous members in their 2nd or later year).
- Should I decide to rejoin Trico Centre for Family Wellness, I will be subject to pay the current membership rates.
- I understand that the New Member Building Fee is non-refundable.
- Should I decide to rejoin Trico Centre for Family Wellness three months or more after cancellation, I will be required to pay the New Member Building Fee.
- I understand that any courses I am registered in will be amended to the non-member price.
- I understand that any community membership purchased is non-refundable.
- If I am eligible for a refund, I will be reimbursed the way I paid. If paid by credit card, reimbursement must be on the same card.
 - Credit Card
 - Cheque (Memberships paid by cash will be refunded by cheque. Please note there is a 4 week processing period).
 - Keep credit on my Trico Centre account. Credit will remain on your account for 3 months after which time funds will be forfeited. Note: membership is still cancelled and is not put on hold.

3. Membership Hold: Holds are for medical reasons only. Include medical note with hold dates at the start of hold.

Hold Dates - FROM: _____ **TO:** _____

4. Address / Email Update:

Email: _____

Address: _____

Effective Date: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

ALERT ON ACCOUNT

PROGRAM REGISTRATION CHECKED

DATE RECEIVED: _____ RECEIVED BY (PRINT NAME): _____