Cottonwood Heights Recreation Center Membership Amendment Form

Name on Account:	Today's Date			RECEIVED BY:
Phone #	Date of Birth		-	(cashier name)
☐ UPDATE MY BILLING INFO				
OPTION 1 Checking Account	OR Osavin	gs Account		
Routing #		Account #		
Name on account		Bank Name		
OPTION 2 Credit Card #:			Exp. Date	:/
Name on Credit Card: _				
☐ THE FOLLOWING INFORM				
Address:	ress: Home Phone: _			
City:				
Email Address:	ess: Work Phone:			
■ MEMBERSHIP CHANGES				
changing from an	nembership to a	member	ship 🔘 addi	ng/removing person(s)
ADD / RMV Name:		Birth Date:		Age: M or F
ADD / RMV Name:		Birth Dat	e:	Age: M or F
ADD / RMV Name:		Birth Dat	e:	Age: M or F
ADD / RMV Name:	Birth Date:		e:	Age: M or F
I certify that all the ing Cottonwood Heights Recreation Signature: *Primary account holds	Center premission	on to make these a	pplicable cha	
1 rimary account noide				
	STAFF U	SE ONLY		
Monthly Payment	Annual	Payment	Reg	istration Fee
Old Fee:	Old Fee:	Balance	Old Fee:	O Balance
New Fee: O Credit	New Fee:	O Credit	New Fee:	O Credit
Date:/ Amoun	t Paid: \$	Payment: Cas	h /Check /CC	Cashier
Completed By:	Date:		Modpay Char	nge: yes N/A