south yuba club
(530) 470-9100
Fax (530) 470-0889

Monster Gym
Making Fitness Fun!
(530) 272-7676

Agreement/Barcode #_____

Member Name_____

MEMBERSHIP CHANGE FORM

All changes to accounts must be made in writing to South Yuba Club/Monster Gym (hereinafter referred to as the Clubs) by the 25th of the month to take effect the month immediately following the month of the request. Requests made after the 25th will apply to the month after the next. This form only affects the following members:

_____ _____ _____

☐ **FREEZE*:** Effective _____ (month) **1st**, _____ (year) through _____ (month) **1st**, _____ (year) ☐ **UNFREEZE:** Effective _____

*Freezes may be taken for a minimum of 2 months, must be taken in month long increments (from the 1st of the month to the 1st of the following month) and are **allowed once per year**. Monthly memberships are charged $10 per month at South Yuba Club and $8 per month at Monster Gym during the sabbatical period. Annual paid in full membership terms are extended based on the length of the sabbatical period. Requests must be made in writing and cannot be retroactive. **Regular dues automatically resume on the 5th of the month of which your freeze expires.**

☐ **TERMINATE*:** ☐Terminate SYC Membership ☐Terminate MG Membership ☐Terminate Dual Membership

*Terminations must be received by the 25th of the month to take effect on the 1st day of the following month.

Reason_____ (Please let us know why you're leaving.)

☐ **UPDATE PERSONAL INFO:** Name _____

Address _____ Phone # _____

☐ **BILLING AUTHORIZATION:**

☐ Update Existing Authorization

☐ Change Authorization – To include the following service(s)
- ☐ On Account Charges
- ☐ Towel Service (Monster Gym does not offer Towel Service)
- ☐ Other_____

I hereby authorize, direct and empower the Clubs, to charge the following account by electronic transfer for all balances owed to the Clubs, according to club policy and my membership agreement:

☐ Checking/Savings Account - **Attach voided check.**

Transit # / ABA # | | | | | | | | | | Checking/Savings Account # | | | | | | | | | | | |

☐ Credit/Debit Card: ☐ Visa ☐ MasterCard ☐ This is a Debit Card

Card # | | | | | | | | | | | | | | | | Expiration Date | | | |

Name (as it appears) on Account _____

I understand that all charges are billed on the 5th of each month. I acknowledge that upon termination of my membership any outstanding account balances will be billed to the account listed above, including any applicable dues, buy-out fees, on account charges or charges for services. I agree that the Clubs' rights regarding each such transfer shall be the same as if it were a check or credit/debit card slip, signed personally by me. This authority is to remain in effect until it is revoked in writing by me or by South Yuba Club, Inc.

I acknowledge that all requests must be received by the 25th of the month to take effect on the 1st day of the following month.

Authorized Signature _____ Date _____

For Office Use Only

Effective Date _____ SYC/MG Rep. _____

Date Entered _____ Entered By _____